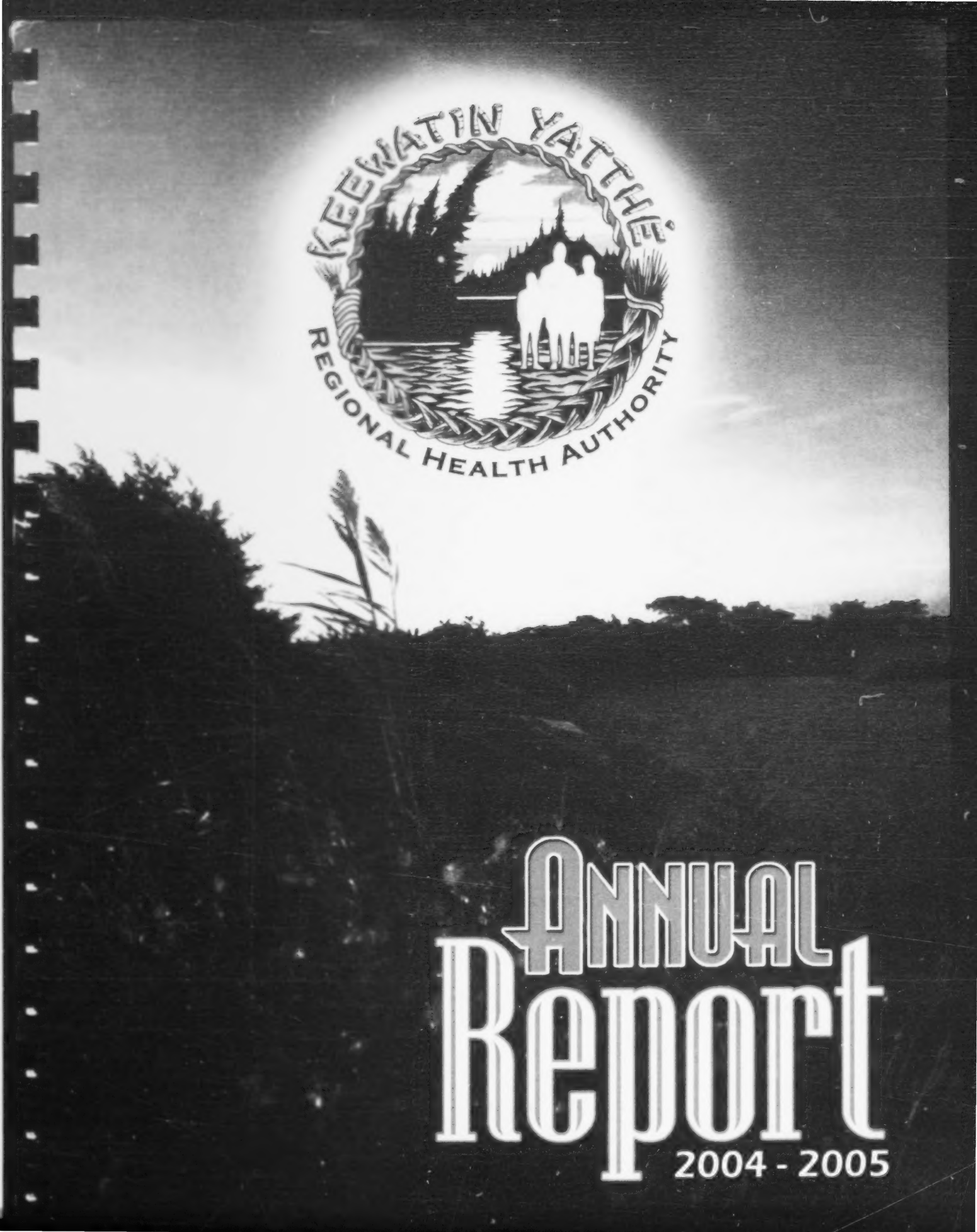

Annual Report

2004 - 2005

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This report is posted on the Keewatin Yatthé Regional Health Authority's Website @ www.kyrha.ca

LETTER OF TRANSMITTAL

The Honorable John Nilson
Minister of Health
Province of Saskatchewan
Room 361, Legislative Building
REGINA, SK S4S 0B3

Dear Mr. Nilson,

The Keewatin Yatthé Regional Health Authority is pleased to provide you and the residents of the health region with its 2004-05 annual report.

This report provides the audited financial statements of the region for the year ended March 31st, 2005 as well as outlining the Region's activities and accomplishments for that period.

Respectfully submitted,

Rose Daigneault
Chairperson

BOARD OF DIRECTORS

Rose Daigneault, Chairperson, Ile a la Crosse

David Seright, Vice Chairperson, Buffalo Narrows

Gloria Apesis, English River First Nation, Patuanak

Lester Herman, Clearwater River Dene Nation, La Loche

John Janvier, La Loche

Stella Laliberte, Beauval

Annette Montgrand, La Loche

Dorah Montgrande, Buffalo River Dene Nation, Dillon

Ross MacLeod, Buffalo Narrows

Louis Morin, Jans Bay

Yvette Morin, Ile a la Crosse

Tina Rasmussen, Green Lake

Who We Are

Strategic Direction

Goals & Objectives

The goals and objectives of the Keewatin Yatthé Health Region are consistent with the broad provincial goals for the health system as per Saskatchewan Health provincial plan.

Provincial Goal # 1

- Improved Access to Quality Health Care

Keewatin Yatthé Health Region Goal #1

- Ensure accessible health services for all region residents
- Develop/maintain facilities and services to meet the goal of reasonable access.
- Promote/develop Primary Health Care Services as per Saskatchewan Action Plan Guidelines.
- Strive for excellence in the quality of care, in the quality of the workplace, and in the qualifications, skills and attitudes of staff.
- Ensure the standards of care and range of services meet provincial and national standards.

Provincial Goal # 2

- Effective Health Promotion and Disease Prevention

Keewatin Yatthé Health Region Goal # 2

- Support the physical, mental, emotional and spiritual wellness of region residents.
- Promote healthy lifestyles
- Increase awareness of those activities, attitudes, beliefs, principles, and initiatives that lead to healing and healthy lifestyles.
- Develop linkages/networks to support healing and healthy lifestyles
- Enhance disease prevention and health promotion initiatives

Provincial Goal # 3

- Retain, Recruit and Train Health Providers

Keewatin Yatthé Health Region Goal # 3

- Retain, recruit and develop the region's human resources
- Services empowering people
- Training plan to employ local residents
- Establish and develop a Human Resources Recruitment, Retention and Training Strategy.

Provincial Goal # 4

- A Sustainable, Efficient, Accountable and Quality Health System

Keewatin Yatthé Health Region Goal # 4

- Fiscal responsibility
- Provide optimal health services while ensuring the efficient, effective and economical use of available resources.
- Assess potential risks in a timely fashion ensuring an appropriate resolution of issues.
- Ensure consistent financial performance measurement.
- Ensure the financial plan reflects the strategic plan.
- Develop a comprehensive communications plan
- Ensure appropriate monitoring of overtime and sick time trends

MISSION, MANDATE AND PRINCIPLES

Mission:

"Wholistic Health of Keewatin Yatthé Health Region Residents"

Wholistic health includes:

- The concepts of the integration and balance of physical, mental, emotional, and spiritual wellness
- The recognition that the health of individuals is developed and maintained within the context of family and community
- Individual, family, and community self-reliance (acceptance of appropriate responsibility) is critical to the maintenance and improvement in population health and the long-term eduction in demand for health services
- Focus on roots of issues and problems not just on the symptoms (presenting issues/ problems).

Mandate:

We believe that ultimately we are all accountable to the Creator for our actions and that our spiritual development is contingent upon the relationship between the individual and the Creator. Within this context, our mandate comes from:

- Legislation (relevant provincial and federal legislation)
- Department of health and its policies and procedures
- Community (the community mandate is illustrated in the priority issues as defined by the community in 1998/99 and listed on the issues diagrams and the former strategic plan
- The partnerships that are developed by the Regional Health Authority

Principles:

We believe that adults are responsible for their own health supported by their extended family and local community. That the role of the Regional Health Authority is to assist individuals, families, and communities to develop the knowledge, skills, abilities and resources to carry out this responsibility. In carrying out our role, the Keewatin Yatthé Regional Health Authority will act in accordance with the following principles:

- We will show respect for everyone as a foundation for working together.

- We will focus on healthy communities by emphasizing those factors that build healthy individuals and families.

- We will focus on healing in our own lives and in the individuals, families and communities in our region.

- We will recognize in our programs, services, and activities that a significant component of wholistic healing is the healing of our spiritual lives and will support individual and family approaches to spiritual healing.

- We will strive to create an attitude of responsibility and self-reliance in our people, our families and in our communities.

- We will support, strengthen, and build upon the skills, knowledge and energy of our board members, our staff, and the people of the region so that we can all work towards our full health potential. We will build upon our strengths, we will remediate our weaknesses, we will not violate our potential.

- We will strive to meet the needs of all our people in our decisions, our programs, and our activities.

- We will do our best to encourage and support the healing initiatives of our people, families, and local communities.

- We will support community caring and other traditional strengths in our programs and activities.

- We will utilize the skills, talents, and abilities of local people as much as possible in all initiatives, programs, and activities.

- We will build on our existing community-based services.

- We will strive for excellence in our quality of care, in the quality of our workplace, and in the qualifications, skills and attitudes of our staff. We will insist that our standards of care and range of services will not be less than any other health region in Saskatchewan and Canada.

- We will remain committed to the continuing development and enhancement of the Northern Health Strategy in cooperation with our northern partners.

Our strategic direction is also influenced by continued commitments to the following:

1. Northern Health Strategy
2. Mission Alignment

[1] The spiritual aspects of our lives have a significant impact on our self-worth and must be explored on a personal level. Spiritual healing involves acknowledging the need for emphasis on the spiritual aspects of our lives, taking personal responsibility for such healing and developing a personal plan or strategy for exploring and developing our spiritual nature.

Governance and Organization

The Keewatin Yatthé Regional Health Authority (KYRHA) is responsible for the planning, organization, delivery and evaluation of the Wholistic Health Services within the geographic area know as the Keewatin Yatthé Health Region.

KYRHA is a twelve-member board with cross regional representation. Keewatin Yatthé does not have any formal committees as all discussions occur with the entire board (committee of the whole) in attendance. Board committees if required are established on an ad hoc basis to deal with specific issues as they arise.

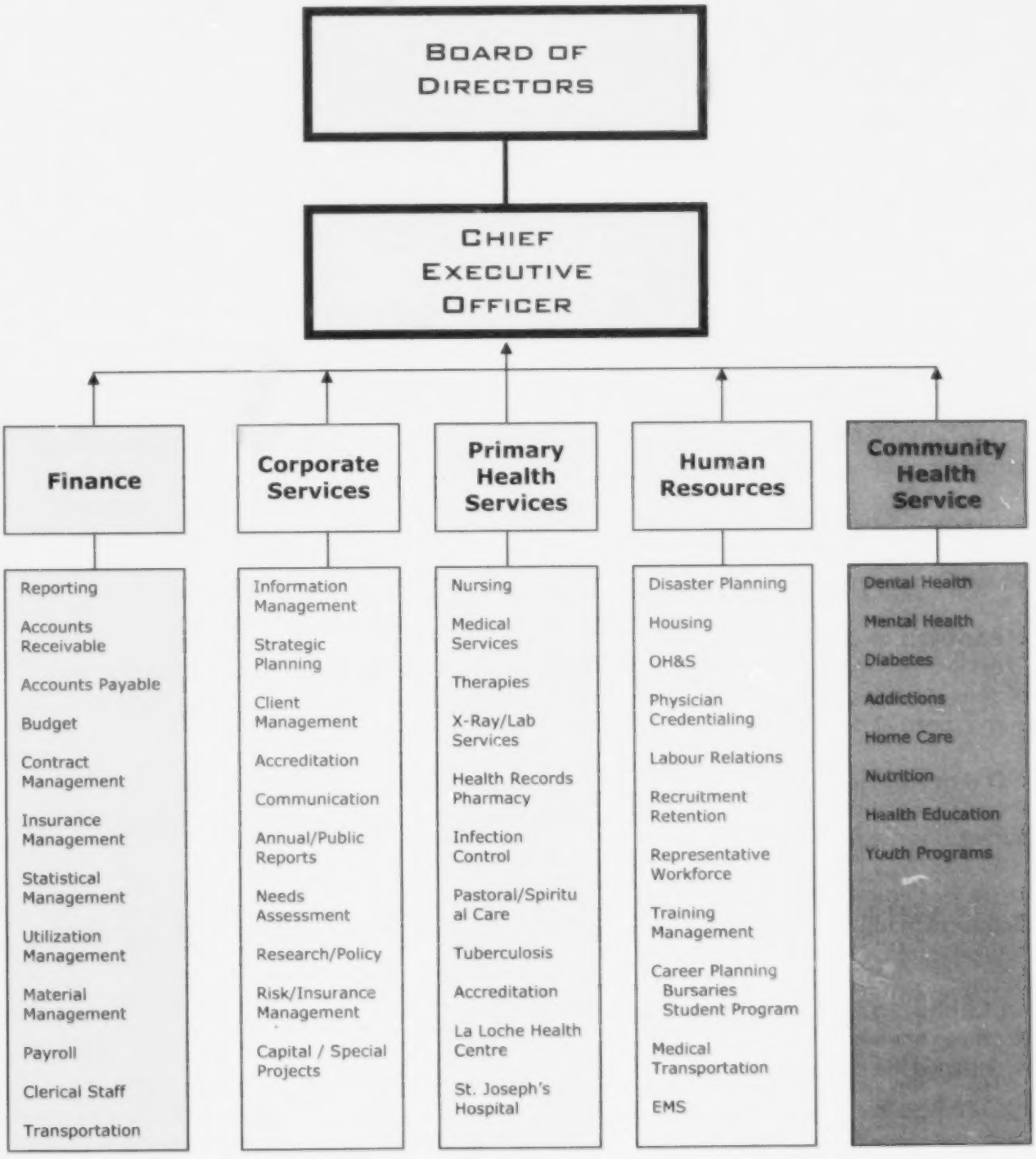
The Chief Executive Officer (CEO) reports directly to the board and is responsible for establishing, recommending and monitoring all operations under the KYRHA.

The senior management team works closely with the CEO and is comprised of the Directors of Primary Health Services, Community Health Services, Human Resources, Finance and Corporate Services.

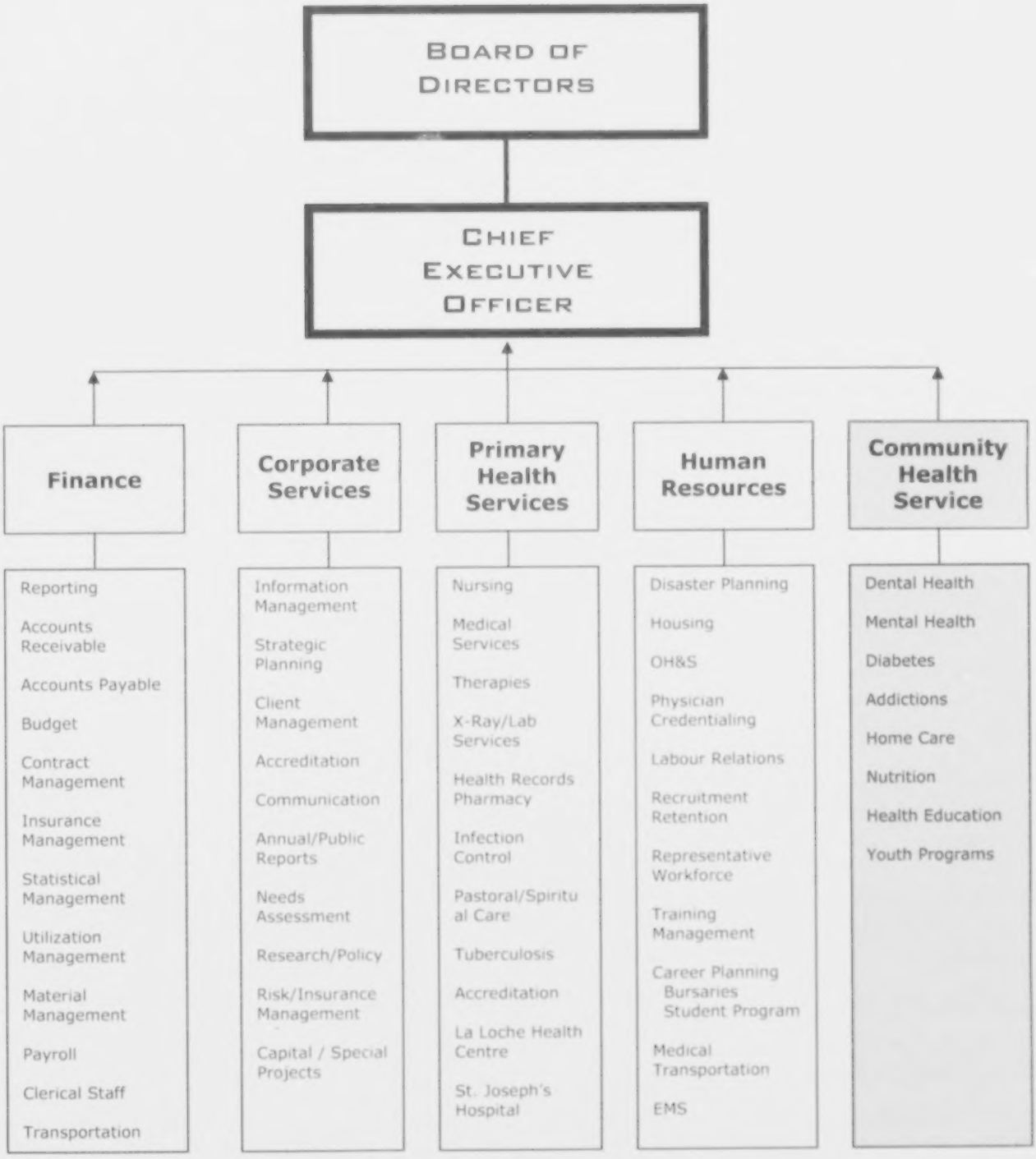
Public Transparency

- Board meetings are open to the public and are advertised in local newspapers and media outlets.
- Meetings are scheduled with community leaders on a quarterly basis. This framework will form the composition of the region's community advisory network.
- A communication strategy has been initiated. A communications committee was established with representation from various stakeholders to oversee the implementation of the strategy. The use of newsletters, news releases and posting information on the website further enhances public transparency.
- The annual report is distributed across all areas in the region to enhance awareness on the regions' activities.
- Interagency meetings are attended to gain insight into community issues.

ORGANIZATIONAL CHART



ORGANIZATIONAL CHART



HEALTH CARE ORGANIZATIONS AND OTHER THIRD PARTY RELATIONSHIPS

St. Joseph's Hospital
Amalgamated with the health region on April 1st, 2005. All health services in the region are now administered directly through the RHA with the exception of the Successful Mother Program.

La Loche Physician Alternate Payment Arrangement
In partnership with Saskatchewan Health a separate alternate payment arrangement is in place for physician services in La Loche and area. Hospital Services range from 24/7 emergency services, general medicine, basic lab and X-ray services, observation, assessment, convalescent and palliative care. Ongoing discussion continues with Northern Medical Services to ensure adequate provision of physician services in La Loche.

Northern Medical Services
Provides physician services through a polypartite agreement that includes a partnership of Saskatchewan Health, Health Canada, The University of Saskatchewan, First Nations Tribal Councils, Northern Intertribal Health Authority and the three Northern Health Authorities. Northern Medical Services assists in ensuring the provision of Medical Services.

Itinerant Specialist Services
A variety of specialist services such as Occupational Therapy, Obstetrics/Gynecology ultrasound Clinics are offered in the region.

Meadow Lake Tribal Council
Provides Primary Care Nursing Services and after hours emergency care access to residents of Jans Bay/Cole Bay at Canoe Lake; Michele Village/St. George's Hill at Buffalo River and Turnor Lake at Birch Narrows.

MD Ambulance
Provides regional emergency dispatch services to ensure timely access for emergency transportation to the region's Hospitals.

Ile a la Crosse Friendship Centre
Contracts the Successful Mother's Support Program. The Vision of the program is to provide support to families.

La Loche Community Development Corporation
Receives financial support for the provision of a Community Development Coordinator position to enhance the health status of community residents.

KY REGIONAL ENVIRONMENTAL SCAN

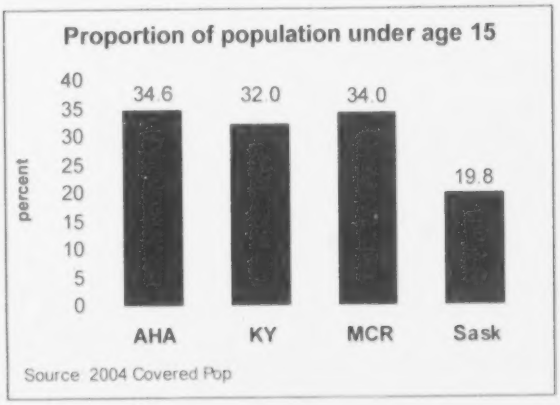
Key geographical, social and economic factors influencing regional priorities and actions

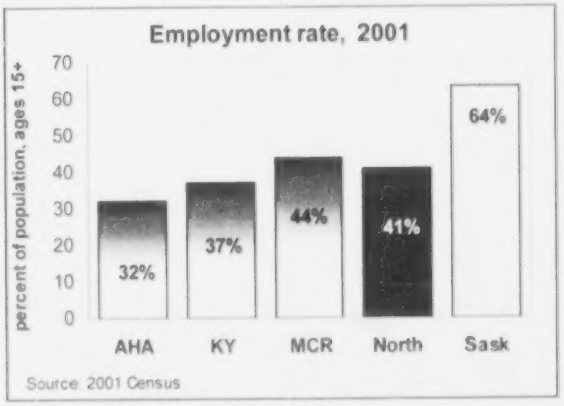
For an in-depth picture of community characteristics and non-medical determinants of health, see the Northern Saskatchewan Health Indictor Report 2004 which is posted on the KYRHA website www.kyhra.ca

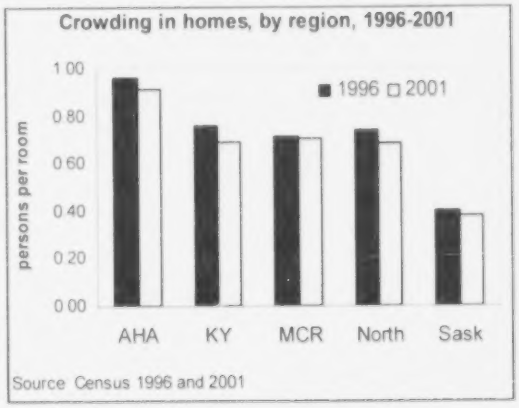
- The covered population of KYHR grew 14.9% from 1994 (9,953) to 2004 (11,434). By comparison the Saskatchewan population grew 0.4 % in the same period.
- 94.5 % of the KYHR population are Aboriginal, compared to 13.5% in Saskatchewan (Census 2001)
- An Aboriginal language was spoken in the homes of 50.7% of northern people in 2001, up from 47.6% in 1996, compared to 3 % of Saskatchewan people, up from 2.5% in 1996.
- 32% of the covered population in KYHR, compared to 20% in Saskatchewan, are under the age of 15
- Approximately 35% of the population lives in First Nations communities and 65% live in off reserve communities. Almost 50 % of the population are Métis (Census 2001)
- The employment rate in KYHR was 37.2%, compared to 63.5% in Saskatchewan 2001.
- In KYHR, 47.3% of children, compared to 19.2% in Saskatchewan, are in low-income families. (2001 Census)
- In the KYHR, the average personal income for males ($17,754) and females ($15,244) was 56.7% and 74.4% of the average incomes for their Saskatchewan counterparts. (Census 2001)
- Enrolment in northern schools has increased from 7,831 students in 1988 to 10,725 students in 2002 - an increase of 37%. The greatest increase was in the secondary schools, followed by the middle years and elementary schools. First Nations' schools had larger increases in all levels than northern provincial schools, in which there was a slight decrease in enrollment in kindergarten and elementary grades. (Northern Saskatchewan Regional Training Needs Assessment Report 2003)
- The highest level of schooling was less than grade 12 for 49.5% of men and 41.3% of women aged 20 to 34 years in KYHR, compared with 25.4% of men and 18.3% of women in all of Saskatchewan (Census 2001)

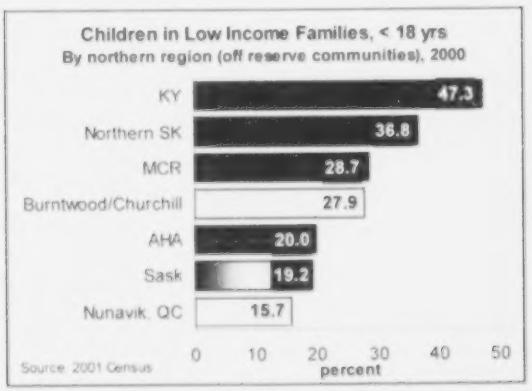
- The proportion of the KYHR population by age group who completed trades, college or university education was 29.1% (20 to 34 years), 36.3% (35 to 44 years), and 36.3% (45 to 64 years), compared with 45.7%, 51.0%, and 47.2% of the Saskatchewan population in the respective age groups. (2001 Census)

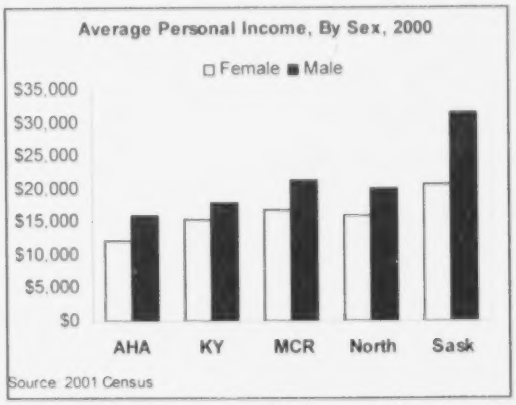
- Crowded housing contributes to transmission of communicable diseases. The average number of people per room decreased between the 1996 and 2001 Census years, but still remains nearly double the average for all of Saskatchewan.

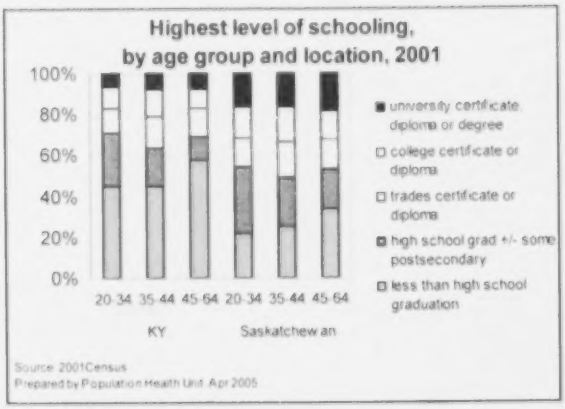












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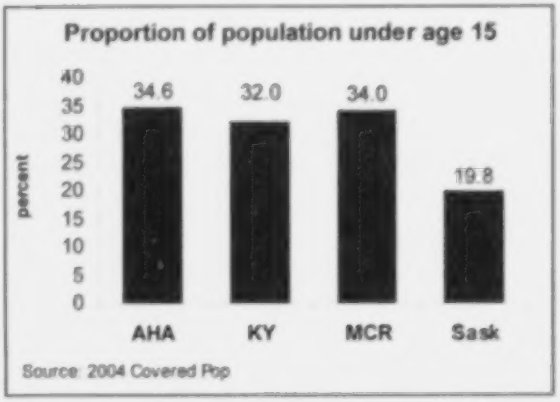
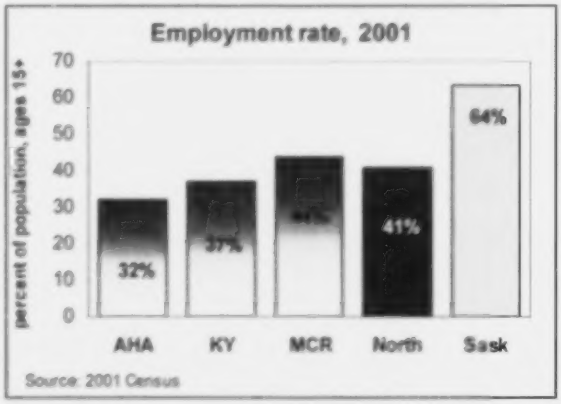
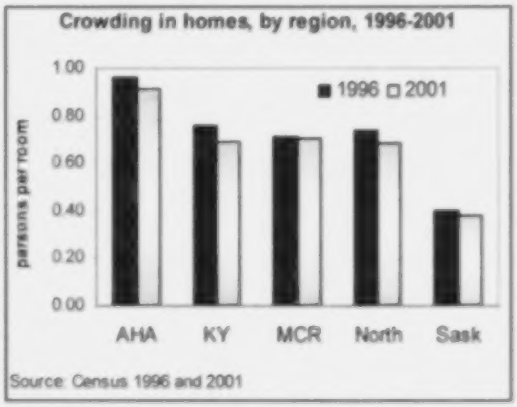
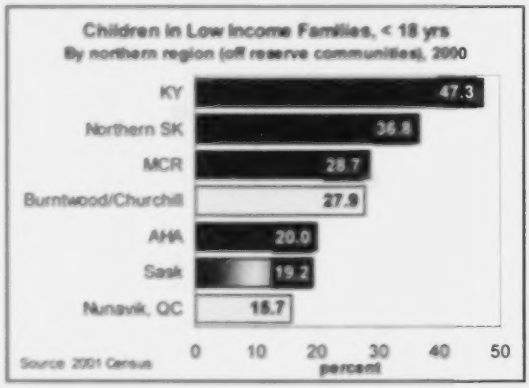
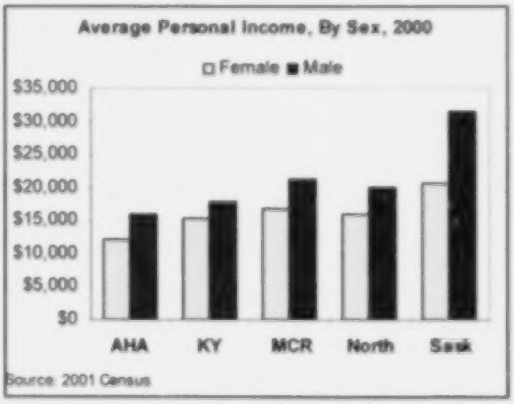
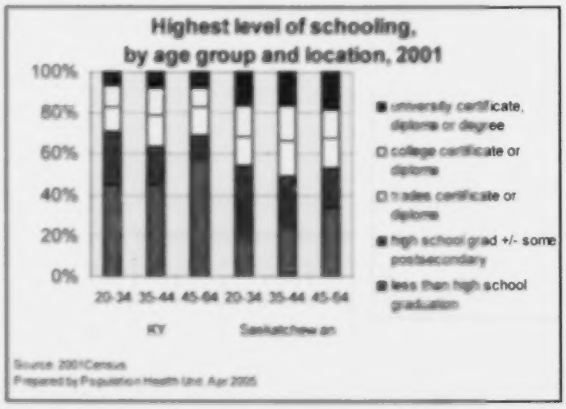








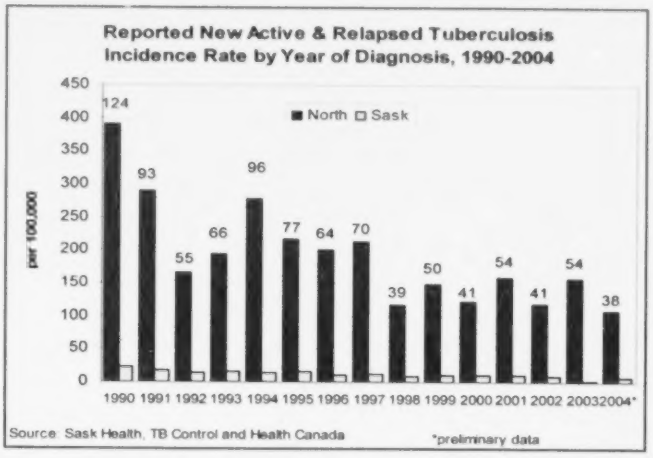




Emerging health issues

Tuberculosis in Northern Saskatchewan

For most people in Canada, the risk of developing tuberculosis (TB) is very low. However, certain population groups in Canada have an increased risk of TB infection, including people born in countries where TB is widespread, Aboriginal peoples, homeless people, and people who live in long-term care or correctional facilities. In northern Saskatchewan, even though TB is completely curable with antibiotics, it continues to be a health problem.



Since 1990 there has been a reduction in the rate of TB in northern Saskatchewan, from almost 400 cases per 100,000 population to about 108 per 100,000 in 2004. The northern rate has remained relatively level with some ups and downs over the past 5 years and was 14 times the Saskatchewan rate in 2004. Almost 50% of the 2004 Saskatchewan cases occurred in northern Saskatchewan. In 2004, 11 cases (or about 29% of the northern cases) were located off-reserve in KYHR. Northern Métis and First Nations peoples are the most affected.

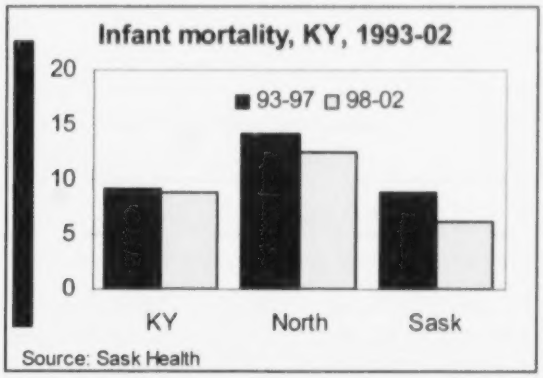
Other health Issues in KYHR

There are growing numbers of KYHR residents living with diabetes, heart disease, stroke, blood-borne pathogens and the complications of these illnesses. Increased efforts will be required to support clients and their families in managing their illnesses and preventing new cases.

Health Status and Outcome Indicators

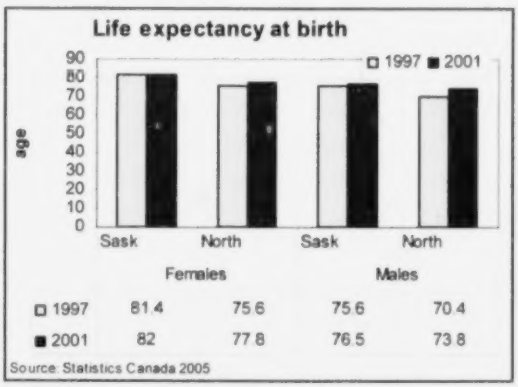
Infant mortality rate per 1,000 live births (3.1.1.1)

The infant mortality rate for KYHR in 1998-02 (8.8/1,000 live births) dropped very slightly from the 1993-97 (9.1/1,000). It was 50% lower that the northern rate (12.5/1000), and 1.4 times the Saskatchewan rate (6.24/1000) in 1998-02. The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health.

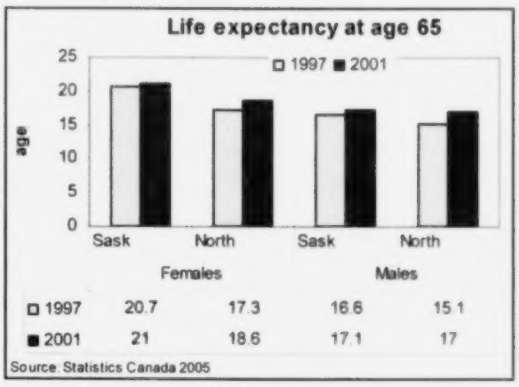


Life expectancy (at birth and at age 65 years) (3.1.1.5)

The life expectancy at birth in the three northern health regions increased 2.2 years among females to 77.8 years and 3.4 years among males (to 73.8 years) from 1997 to 2001. Although the differences remain significant, the gap in life expectancy at birth is closing with only a 0.6 year gain among females (to 82 years) and 0.9 year gain among males (to 76.5 years) across Saskatchewan in the same period.



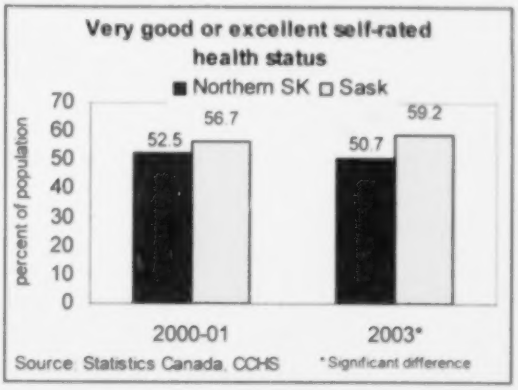
The life expectancy among those who reach age 65 in the three northern health regions increased from 1997 to 2001 by 1.3 years among females (to 18.6 years or 83.6 years of age) and 1.9 years among males (to 17 years or 82 years of age). The increases in all of Saskatchewan were smaller than in the North, but the life expectancy at age 65 remains significantly lower for northern Saskatchewan people.



Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty.

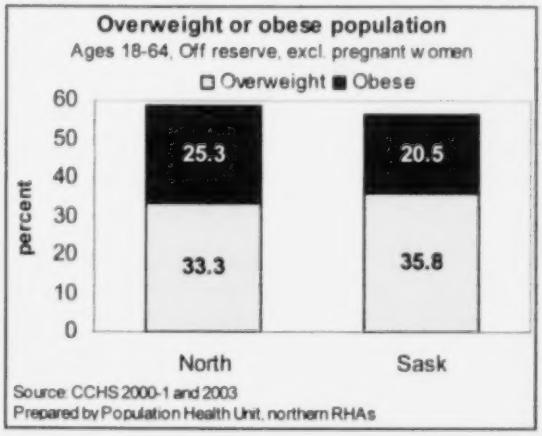
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent (3.1.1.6)

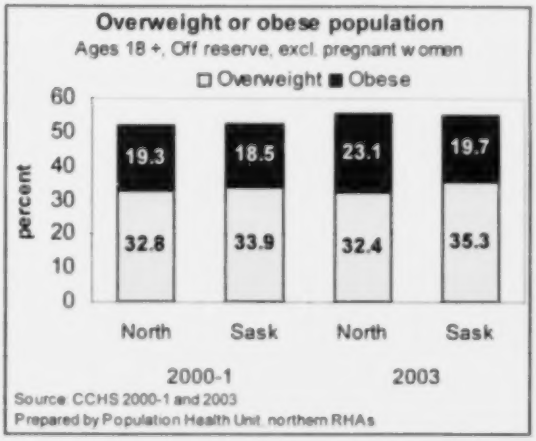
Self-rated health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function. The proportion of northern residents who rated themselves as having very good or excellent health status dropped nearly 2% (to 50.7%) from 2000-01 to 2003, while the same proportion increased 2.5% (to 59.2%) for Saskatchewan residents.



Percentage of population (age 18 to 64 years) who are overweight or obese (3.1.1.8)

There is an increasing health risk with BMIs in the overweight and obese categories for diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others.





The proportion of people ages 18 to 64 who reported being overweight or obese in northern Saskatchewan (58.6%) was 2.3% higher than the proportion in all of Saskatchewan (56.3%) in 2003, though the differences were not statistically significant.

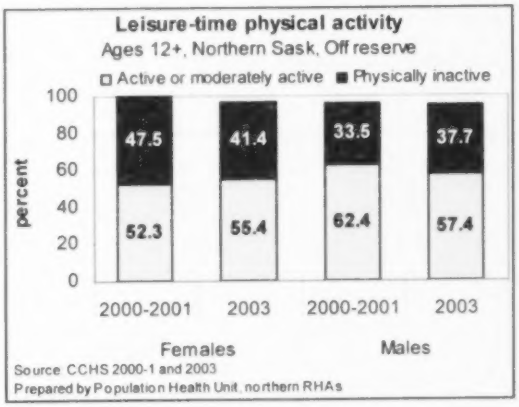
Among all ages 18 years and older, the percentage of people who were overweight or obese were similar in the north and all of Saskatchewan in 2000-1, and increased 3.4 and 2.6% respectively in 2003. The increases were solely among the proportion who were obese in the north and were divided among the obese and overweight proportions in all of Saskatchewan.

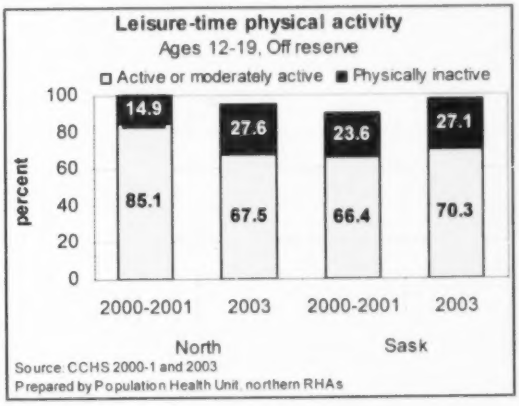
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive (3.1.1.10)

The chart on physical activity during leisure-time only shows that northern women increased their level of physical activity from 2000-1 to 2003, while the percent of northern men who were active declined, a trend also seen across Saskatchewan (but not shown).

In 2003, the northern health areas had the highest percentage of people who reported participating in moderate or active levels of physical activity during leisure and work time (56.1% compared with 49.8% for all of Saskatchewan). They also had the lowest proportion reporting inactivity (41.0% compared with 47.8% for Saskatchewan). Information for this indicator was not collected for 2000-1.

The Canada Community Health Survey also found that the level of physical activity during leisure time declined among northern youth ages 12-19 but increased among Saskatchewan youth from 2000-1 to 2003.





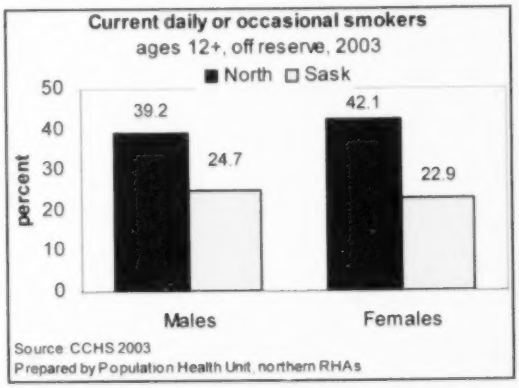
Percentage of population (age 12 years and over) who are current, daily or occasional smokers(3.1.1.7)

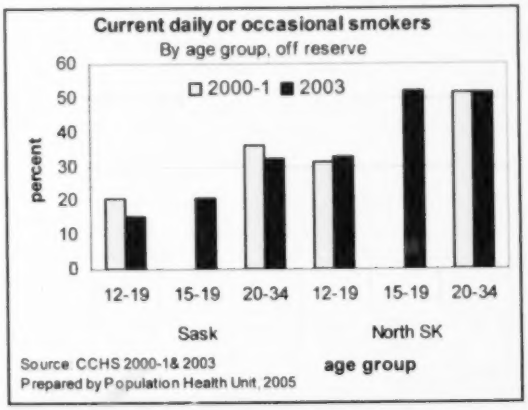
Smoking is estimated to be responsible for at least one-quarter of all adult deaths. Smoking has an impact on a variety of cancers (especially lung cancer), heart disease and stroke, chronic lung disease, SIDS, and diabetes.

In 2003, northern males (39.2%) reported being smokers more often than Saskatchewan males (24.7%). Northern females (42.1%) reported being smokers more than the Saskatchewan females (22.9%) and more than the northern males.

Among Saskatchewan youth aged 12-19 years, the percentage who were daily or occasional smokers dropped from 20.5 to 15.2%, with more girls (16.9%) than boys (13.6%) reporting smoking. Smoking rates among northern girls also dropped, from 41 to 36.5% between 2000-1 and 2003, though the overall rate in 12 to 19 year old youth rose slightly.

In 2003, 51.7 percent of youth aged 15 to 19 were

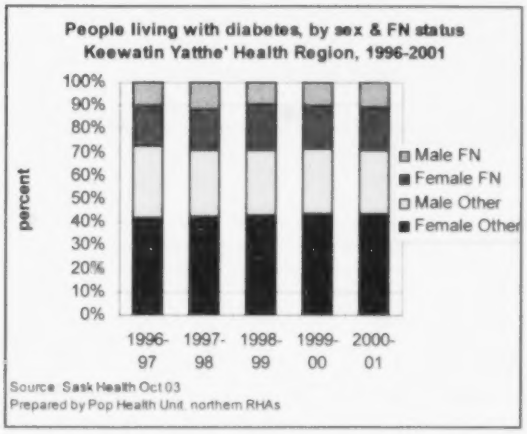




daily or occasional smokers, a rate 2.5 times higher than for youth across the province. For 2000-1, this percentage was too unreliable to be reported.

Age-adjusted diabetes prevalence rate per 1,000 population (3.1.1.12)

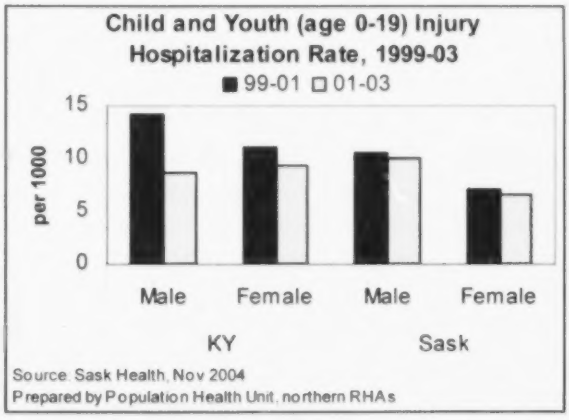
The age-sex adjusted prevalence rate of diabetes in Keewatin Yatthé Health Region was 64.6 cases per 1000 people 2000-1 and 59.4/1000 in 2001-2. The corresponding rates in Saskatchewan were 40.2 and 40.0/1000. As the identification of people with diabetes relies on physician billing and hospitalization data, the rate is likely under-estimated for Keewatin Yatthé Health Region.



Within KYHR, the number of people identified with diabetes increased from 188 in 1996 to 334 in 2001. The proportion of female diabetics increased 3.2% over the five-year period (2.2% among First Nations and 3.5% among non-First Nations). The number of diabetics in 2001-2 was not available for this report.

Child and Youth Injury hospitalization rate per 1,000 population (age 0 to 19 years) (3.1.1.13)

The child and youth injury hospitalization rate among males and females declined from 1999-01 to 2001-03 in KYHR and all of Saskatchewan. The decline was greatest in KYHR male children and youth.



The 2002-3 child and youth injury hospitalization rate was lower in KYHR males (7.1/1000) than in Saskatchewan males (9.9/1000) but higher in KYHR females (8.4/1000) compared to Saskatchewan females (6.5/1000). The differences were the same even with combining two years of data to reduce the effect of small numbers (<30), as shown in the graph. The number of KYHR males hospitalized was 72 in 1999-01 and 44 in 2001-3.

The KYHR child and youth hospitalization rate for all causes combined also declined from 151.4/1000 in 1999-00 to 75.4/1000 in 2002-3 (50.2%), despite there being no acute care data from La Loche Health Centre for May 2000 to December 2001. The same rate declined from 66.7/1000 to 60.7/1000 (10.0%) in all of Saskatchewan.

Explanations for the dramatic drop in male child and youth injury hospitalizations in KYHR could include the good news of an actual reduction in serious injury, a temporary blip associated with variations in small populations, or perhaps an error in the data.

Human Resource Capacity is an ongoing issue and staff shortages create serious implications for service delivery.

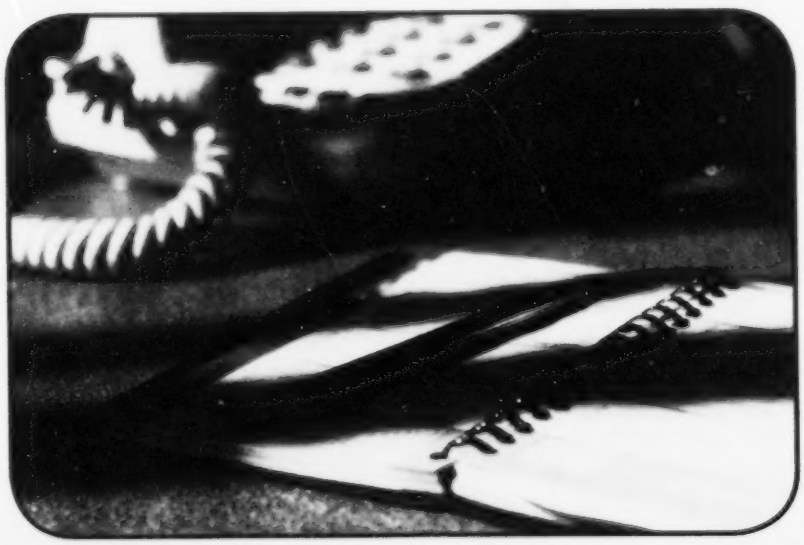
Even though extensive efforts, both traditional and innovative, have been undertaken to recruit and retain staff, vacancy and turnover rates continue to be a major issue. The nature of working in isolated/remote areas, a workload that is far greater, more complex and more varied than other provincial jurisdictions, a vast geographic area of responsibility and the limited ability to follow-up to ensure effective improvements all lead to significant frustration and extensive burnout.

For example, the Child and Youth Behavioral Worker is a one of four one-of-a-kind positions which comes under the direction of the Co-Management Process. She is responsible for the planning, developing, implementing and coordinating services for high risk youth/children (with persistent and severe behavior problems) and their families across the north. With the funding capped, service provision has proven to be very limited. It is the ongoing intent of the health authorities to pursue the four positions for each region since approximately 43% of the northern population is under the age of 25 years.

Another major challenge exits in the areas of human and financial resources in shifting from a medical/curative model to that of a wholistic population health model. The Western medical model is still very focused on physical health. Aboriginal people suffer from loss of identity and self esteem. The mission alignment of the KYRHA workforce will entail a major paradigm shift from the Western medical model to that of a wholistic population health promotion model.

Medical Health Officer (MHO) capacity – The internal and external evaluation of the co-management agreement and population health unit identified the capacity of MHO services across the north as a key issue. A determination of an appropriate level of service needs to be conducted.

Capital facilities infrastructure's current uses are not designed to accommodate a health care delivery model. This poses undue hardships on program and service delivery. Ongoing negotiations with Saskatchewan Health on the replacement of existing lease facilities is essential to enhancing the health status of employees and region residents.



Northern Health Strategy (NHS)

The goal of the Northern Health Strategy is **to improve the health status in Northern Saskatchewan**. In achieving this, the partners are committed to respecting the autonomy of individual health authorities and First Nation Health Authorities in the north, while building on current strengths, also looking for opportunities to work together to enhance health service delivery in northern Saskatchewan.

The Northern Health Strategy Working Group was successful in receiving funding from Health Canada, Primary Health Care Transition Fund to March 2006, for a project titled: **Community and Organizational Transition to Enhance the Health Status of all Northerners.**

Through the development of Technical Advisory Committees (TACs), staff maintained involvement in the following TACs; Perinatal and Infant health; Chronic Disease Management; Mental Health and Addictions; and Oral Health.

Recruitment, Retention & Training Strategy

Work continued on the establishment of an Attendance Management Program to address issues associated with excessive sick leave.

Recruitment efforts continued for a Regional Coordinator of Organizational Wellness. The primary emphasis of this position is to protect, promote and maintain the health and safety of employees and to ensure regional compliance with all occupational health, safety and environmental in relation to relevant legislation and accreditation standards

Some recommendations from the Recruitment, Retentions and Training Strategy were implemented this fiscal year. Region wide staff orientation sessions were offered on a monthly basis; the recruitment of an Organizational Wellness Coordinator (on-going); staff were trained as facilitators to promote Aboriginal Awareness in the workplace (Representative Workforce Strategy); and a Student Bursary Program was initiated.

Employee and Family Assistance Program (EFAP)

The EFAP continued to be utilized by staff and family within the region.

The EFAP is an employee benefit fully funded by the employer. Employees have access to confidential, professional assistance through counseling for themselves, spouses and dependents to help resolve personal difficulties. As well as being confidential, the program is completely voluntary. It is designed to allow employees and their families to seek help on their own.

While the EFAP provider adheres strictly to the principle of confidentiality, respecting the anonymity of those served; there are ongoing reports to the health region about the number and type of staff concerns that are being addressed. Those reports show that the program is being well utilized and is a valuable service to many employees. The EFAP has proven valuable in allowing staff to confidentially address personal issues affecting their job performance or personal well being.

Through our EFAP Provider we were also able to offer training for Critical Incident Stress Debriefing and thus enable our staff to be self reliant in the handling of some of the catastrophic events that they encounter.

Communications Strategy

Keewatin Yatthé Regional Health Authority approved a full communications strategy. A Communications Committee met to review the implementation of the recommendations from the strategy.

A wide range of communications activities have already begun:

- Monthly Newsletters
- Communication for the Joint use Project (THE PARTNER)
- KY website has been updated and changed to www.kyrha.ca
- News releases for all issues and important decisions are being produced and distributed.
- Board briefing notes and presentations are being prepared as required.
- Ile a la Crosse Fundraising Committee is being supported and communicated.

Informational Technology Plan (IT)

The region enjoys a wide range of technology. The region is fully networked and inter-connected provincially by the Health Information Network initiative commonly called Community Net. The remote communities are connected through other methods. The region has a full range of technological equipment ranging from digital cameras to Telehealth equipment. IT support is provided by in house staff and by government sponsored Saskatchewan Health Information Network (SHIN) help desk in Regina.

Clients may contact each facility by a toll free number. The region has it's own email system which is major communication tool, administered by in house staff. Senior management, on call nurses, and EMS staff have Fleet Net radios, which keep them in contact with the region and its residents. Cellular service is now available in the region and this will enhance connectivity.

Integrated Addictions and Mental Health Outpatient Programs

The integration of the Mental Health and Addictions Program has proven to be an effective team based approach to the provision of high quality care. This approach strengthens community capacity in education and critical incident management areas. Efforts continued in the development of a strong group therapy prevention program.

In the in-patient service area, the region developed and implemented a new three-week program.

Staff training and development included the commencement of the International Certification process for all Addictions Counsellors.

One priority shift was to increase addictions and mental health services for youth.

Youth Development Programming

The region initiated an environmental scan to identify the needs of youth, to ensure a youth oriented focus in programs and services across the continuum of care.

Healthy Choices for Youth (pilot project) – was initiated to enhance awareness of addictions and to provide youth with alternative choices.

Primary Health Services Initiative

Establishment of Teams

Team Development

The region recognized this as a priority within the updated strategic plan. Recruitment efforts for a Primary Health Services Team Facilitator continued during the fiscal year.

Teambuilding is incorporated under the Primary Health Care philosophy and is an ongoing process of growth that involves managing immediate issues, as well as, teachings in various pertinent subjects such as: conflict resolution skills, anger management, communication skills, stress management, building relationships. The intent of teambuilding is to enhance existing teams, create new teams and to ensure all disciplines are represented in the goal of enhancing service delivery to the region's residents.

Additional funding was received from Saskatchewan Health for the enhancement of the region's central teams in Ile a la Crosse and La Loche as per Primary Health Services initiative.

Diabetes Program

Formalized Community Diabetes Teams, with a focus on providing the best services to each community, engaging all of the respective staff. This will decrease the duplication of services by combining efforts of each discipline within each specific community.

Defeat Diabetes Conference hosted in La Loche summer 2004.

Obtained and distributed new Clinical Practice Guidelines to health care professionals to ensure consistent care and messaging to clients.

Successfully launched a Dress Down for Diabetes Campaign.

Participated in research studies that will increase awareness of services provided by the region and provide contacts and information, which will aide in the ongoing development of the Diabetes Education program.

Step it Up workplace wellness initiative through SAHO (short term initiative)

Population Health Promotion Strategy

Northern Healthy Communities Partnership

The three northern health authorities, Keewatin Yatthé Regional Health Authority, Athabasca Health Authority and Mamawetan Churchill River Regional Health Authority continued to work together with their northern inter-sectoral partners on the population health promotion strategy known as the Northern Healthy Communities Partnership (NHCP).

To date, multi level actions have occurred in the north to begin the implementation of the work plans submitted by the northern health authorities to Sask. Health at the end of 2004. The work plan is underway to address an upstream, primary prevention approach to the four priority issues. The first objective for the NHCP is Coordination of Action. During the winter, multiple meetings have been held to identify, build and expand the partnerships established under the former Northern Diabetes Prevention Coalition. Of significance, is the addition of partners from Justice, Royal Canadian Mounted Police, and various northern groups that support youth. The formation of a strong, intersectoral core group has been accomplished. The four working groups continue the planning process, and specific objectives for each of the working groups are now being created.

Public Health Nursing

The Public Health program has been very busy. Communicable Disease rates remain fairly steady, with blood-borne pathogen rates continuing to increase. In 2004, Public Health Nurses provided 2278 immunizations to 1358 clients from birth to grade 12 (adults not included) and, so far in 2005, 893 immunizations have been provided to 544 clients in the same age group.

The greatest challenge to the Public Health Program has been the addition of three new routine vaccines into the immunization program. Other challengers included: confusion around the consent process; and in some instances, the re-establishment of health histories.

A large increase in immunization demands, along with a new Sexual Health curriculum in Northern Lights School Division #113, has reduced health promotion activities.

The Health Region has expanded its Harm Reduction Program to include Buffalo Narrows.

Home Care

This past year, the Home Care program had the opportunity to participate in the implementation of a new computerized program called Procura. Home Support workers worked hard at learning this program so that they were ready for implementation.

The five major communities being La Loche, Buffalo Narrows, Ile a la Crosse, Beauval, and Green Lake have all utilized this program and enjoy it very much. This has enabled Homecare to provide staff/clients with scheduling, detailed billing, availability, and the ability to provide Saskatchewan Health with reports.

Through a partnership with Kid's First North (KFN), a Licensed Practical Nurse (LPN) for Beauval was hired and the recruitment of an LPN for La Loche is underway. The LPN assists KFN with screening and assessment activities and provides nursing support to Home Care clients.

Population Health Unit – Accomplishments

Population Health Unit (PHU) 2004 - 2005

Disease and Risk Surveillance, Control and Prevention

- Total review and evaluation of the Environmental Health program capacity has resulted in information regarding health hazard regulations, water quality guidelines, provincial laboratory accreditation, and public health inspection staff shortage
- Assisted with the implementation of three new vaccine programs which included development of guidelines and orientation to public health staff
- Continued support to the three northern health authorities for the development of regional specific Influenza Pandemic & Major Communicable Disease Operational Plans
- Assisting with three infection control committees – one from each health authority
- Ongoing support to Antimicrobial Resistance Research Project (including Community-Acquired MRSA) in two specific project sites in northern Saskatchewan
- Implementation of West Nile Virus mosquito, bird and human health surveillance and education program in northern Saskatchewan
- Updated Hantavirus educational material for dissemination
- Completion of Moose Study on heavy metals, essential elements and radio nuclides to determine risk assessment of this traditional food to residents in the far north
- Completed implementation of Public Health Information System (iPHIS). All communicable disease cases and sexually transmitted incidents now being reported in a consistent manner across northern Saskatchewan
- Completed 8 Environmental Research Assessments during the past fiscal year – these included both uranium and non-uranium documents
- Ongoing work and support to HIV/ AIDS community research project
- Chairing and supporting Minister's Advisory Committee on the Health Cumulative Effects Scientific Committee

Planning and Evaluation

- Completed internal and external review of Northern Co-Management Partnership

Agreement. Memorandum of Understanding re-signed by Keewatin Yatthé and Mamawetan Churchill River Regional Health Authorities in November 2004.

- Implementation and ongoing development of the Population Health Unit assigned as a strategic business unit based on recommendations of the co-management external review process

- Undertook the development of Environmental Health Recruitment Plan and initiated innovative solutions to recruitment issues

- Participating in the Social Policy Research Project as part of the Northern Human Services Partnership

- Completed new 5 year Health Indicators Report for health regions and programs to use as evidence based decision making and work plan development

- Assisted with development of a dentist Request For Proposal to serve across all jurisdictions in northern Saskatchewan under the auspices of the Northern Health Strategy

- Participating in the Northern Health Strategy on three Technical Advisory Committees, the Evaluation Committee and Signatory Member Working Group

- Forest Fire emergency preparedness planning in coordination with provincial, northern municipal and First Nations community service departments and how to deal with smoke in northern communities

- Implemented water test result study to determine ability of northern locations to submit water samples within a prescribed time frame. Study is a result of the provincial laboratory accreditation guidelines

- Completed Infant Mortality Risk Reduction community profiles project with Saskatchewan Institute for Prevention of Handicaps and Kids First North

- Continued work on environmental health jurisdictional issues including legal and enforcement work for the Athabasca Health Authority and shared services between on and off reserve areas

Health Promotion, Community Development and Advocacy

- Continued progression of work on the Provincial Health Promotion Strategy, named the Northern Healthy Communities Partnership including; the development of an overall plan; establishment of a core group and several working groups; pooling of resources for work on a north-wide basis; and significant partnership expansion of the Northern Diabetes Prevention Coalition
- Assisted with the planning, coordination and delivery of the Northern Health Conference

- Ongoing support and assistance to the Northern Physical Activity Week
- Completed the distribution and training for the Basic Shelf / Nutrition kits for 5 communities in the north to help with menu planning, food preparation and public health education as part of the Infant Mortality Risk Reduction Initiative
- Developed the Fluoride Varnish 'train the trainer' manual to assist in health promotion
- Development of Dental Interactive health promotion kits for dental teams, public health staff and partner groups such as Kids First North
- Development Diabetes Prevention Resource Kits and provided workshops on how to use the kits to regional staff
- Assisted with the planning and organization of the second Community Vitality Youth Forum
- Continued efforts on tobacco control education and encouraged compliance when necessary

Education

- Supportive environment to students / practicum trainees in the program areas of nutrition, medical, environmental and dental
- Coordinated Infant Mortality Risk Reduction workshops for health care staff and partner agencies on several topics such as Growth and Development, Infant Risk Assessment, etc.
- Coordinated three Capacity Building Workshops for Second Level Champions to support community development work. Received the Green Ribbon Award for innovativeness
- Ongoing teleconference and Telehealth in-services are being offered on a regular basis for public health staff. Orientation for new staff is carried out on an ongoing basis.
- Ongoing development of articles and information to support regional newsletters and provincial working groups and partner organizations

Other influences on progress and Results

Key Performance Drivers

- Client and key stakeholder expectations
- Wholistic health focus in programs and services
- Respect
- Promotion of self-reliance in region's residents
- Strength based emphasis
- Quality of Care
- Partnerships
- Regional Strategic Plan
- Provincial Action Plan
- Northern Health Strategy
- Primary Health Services
- Population Health Promotion
- Funding levels
- Volumes of services
- Staffing

Current Financing Arrangements

- Saskatchewan Health General Revenue Fund
- Saskatchewan Worker's Compensation Board
- Reciprocal Billing
- Health Canada
- Patient Fees

The region's credit risk is minimal because the majority of funding is from the province.

The region's projected budget for 2004-2005 was 16,176,757. The actual expenditures for the fiscal year were 16,504,775. This resulted in a slight deficiency of revenues over expenses. Expenditures in Acute Care Services were over budget due to shortages in nursing which increased overtime costs.

Organizational Effectiveness

Governance and Management

Multi year governance strategic plan that supports the goals and objectives of the KYRHA and throughout the health system; and in accordance with the Department of Health's requirements and timeframes, have been developed by the region.

The region participated in intersectoral initiatives such as Kid's First North, Regional Intersectoral Committee, School Plus, Acquired Brain Injury, Northern Health Strategy Working Groups and Technical Advisory Committees.

Quality/Risk Management

Accreditation

The health region has applied to the Canadian Council on Health Services Accreditation (CCHSA) to conduct the region's first accreditation survey in December 2006. Everyone is looking forward to the opportunity to participate in this evaluation process. CCHSA staff conducted an educational session with the Board of Directors and Managers and the Accreditation Planning Team has been selected. In 2005, the region will participate in its first Institute for Safe Medication Practices self-assessment tool for hospital pharmacies.

Health Quality Council (HQC)

The health region cooperated with the HQC in the administration of the Patient Experience Survey that began in September 2004 with results being released in June 2005. The Quality of Care Coordinator attended Quality Improvement Network Advisory Committee meetings quarterly as scheduled and participated in Quality Improvement training as offered. Ten staff participated in the 16th National Forum on Quality Improvement via SCN in December. In August 2004, HQC staff traveled to Keewatin Yatthé to discuss the results of the AMI quality improvement project creating interest among physicians and staff. As a result of the support and training from HQC, an application for an Innovation Fund project was approved and a smaller Plan/Do/Study/Act project has made improvements in travel coordination.

Client Concern Handling Process/Risk Management

To raise awareness of the client concern handling process, a poster and brochure was produced for distribution to healthcare facilities in the region resulting in an increase in concerns raised in 2004-05. The Critical Incident reporting system was presented to physicians and nurses at a meeting with the Provincial Quality of Care Coordinator. The Regional Quality of Care Coordinator presented additional sessions on this subject. Three staff attended a Root Cause analysis workshop in April of 2004.

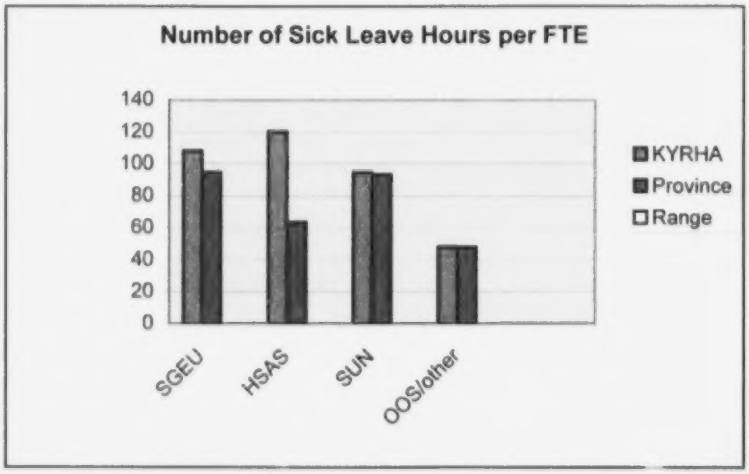
Efforts are ongoing to comply with the Health Information Protection Act through staff training, public information and policy development. The Quality of Care Coordinator participated on the Provincial CIO privacy-working group.

Number and Type of Concerns Received

Area of Concern	Access to Service	Care Delivery	Communication	Cost	Environment	Other	TOTAL
Acute Care	0	3	0	0	0	0	3
Addiction Services	0	0	1	0	0	0	1
Case Management	0	0	0	0	0	0	0
Community Health	0	1	1	0	0	0	2
General	0	1	0	0	0	0	1
Home Care	1	0	1	0	0	0	2
Mental Health	1	0	0	0	0	0	1
Pre-hospital/ Emergency	1	11	3	0	0	0	15
Problem Gambling	0	0	0	0	0	0	0
Rehabilitation	1	0	0	0	0	0	1
Support Services	3	6	2	0	0	1	12
Supportive Care	0	1	0	0	0	0	1
Non-jurisdictional	0	0	0	0	0	7	7
TOTAL	7	23	8	0	0	8	46

Client concerns received in 2004-05: 46 Concerns resolved: 40
Number of concerns resolved within 30 days: 32 (71%)
Not included are unresolved concerns carried over from last fiscal year.

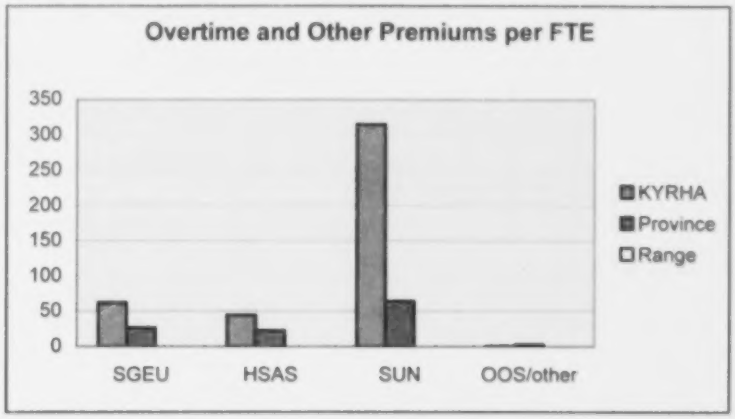
Human Resources



Compared to all Saskatchewan RHAs combined in 2004-05, Keewatin Yatthé Health Region had a higher use of sick leave for all union affiliations, except for OOS/OTHER and SUN, which were similar to the whole province.

Measures Taken to Improve Sick Leave:

- Employer funded Employee and Family Assistance Program
- Enhanced staff safety education
- Attendance management program



Compared to all Saskatchewan RHAs combined in 2004-05, Keewatin Yatthé Health Region had a higher use of overtime for all union affiliations, except for OOS/OTHER that is similar to the whole province.

Increased entitlements such as family leave and special northern leave available to SUN and HSAS employees created a need to provide coverage for more hours in positions that require 24/7 coverage. There is only a limited supply of casual personnel in most of these occupations and this very often means paying overtime to other full time employees

Measures Taken to Reduce Overtime

- Development of a baseline to reduce call back in Emergency Medical Services
- Address Primary Care Nursing call backs in consultation with community and Saskatchewan Health
- Recruitment of additional registered nurses to increase the current staffing compliment to provide coverage for such things as vacation, sick leave, etc, with the hope of decreasing the overtime use in the nursing departments in the two facilities in La Loche and Ile a la Crosse.

Financial

The region prepares a multi-year information management plan and adheres to the policies established for the transfer of funds between funding pools.

Information Management

An Information Management Plan in conjunction with the Provincial Information Technology Plan was developed. The provincial plan is integral to the regional Information Management Plan and addresses the following:

- Security of health information
- Data collection that supports decision making
- Management of information technology
- Participation in and use of provincial mandated health information systems

Communications and Issues Management

The region has a full communications strategy that deals with communicating to all stakeholders.

Capital and Reporting

This fiscal year work continued on the Joint Use Facility Project in Ile a La Crosse. Anticipated occupancy date is Winter 2006. Capital facilities and equipment planning is wholly dependent upon provincial resources and local fundraising initiatives.

A variety of pro-active maintenance programs are in place to protect facility and equipment assets.

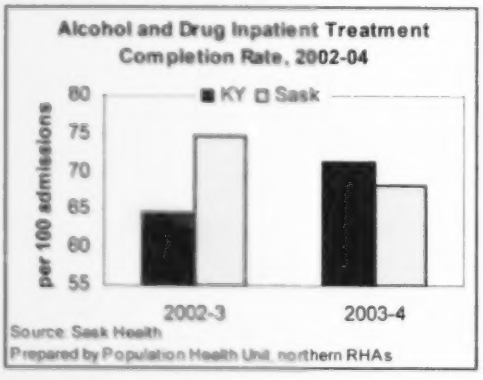
The region has inventory control processes and policies in place for the management of capital assets. These policies ensure that the physical assets owned and operated by the region support the provision of the expected volume of services.

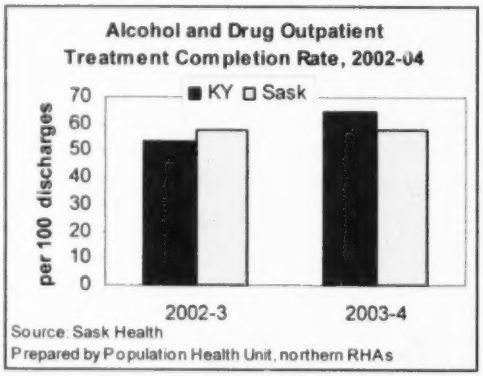
The health region provides regular and timely reports on its activities and operations through the issuance of; annual reports, operational plans, quarterly service and financial reports, population health status, and statistical reports.

Program Specific Expectations and Indicators

Community Care Indicators

- Alcohol and drug inpatient treatment completion rate per 100 admissions (2.2.11.3)
- Alcohol and drug outpatient treatment completion rate per 100 admissions (2.2.7.2)





Completion rates in alcohol and drug treatment programs are affected by the ability of the program to meet the clients' needs, as well as client readiness, family and social support, the waiting time to get into treatment and other factors. The completion rates in both inpatient and outpatient treatment programs increased in KY HR from 2002-3 to 2003-4 and were higher than the completion rates in all of Saskatchewan in 2003-4.

Community Care

Average length of stay of mental health inpatient clients compared to expected length of stay. The region does not have a psychiatrist inpatient facility.

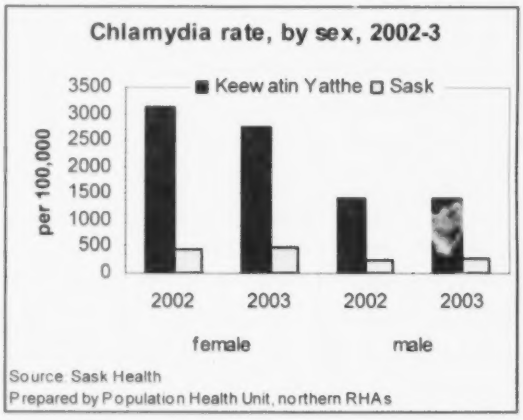
Problem Gambling Treatment Completion Rates for Inpatient and Outpatient Services

The region does not have a gambling inpatient facility.

Population Health Indicators

Chlamydia rate per 100,000 population (2.2.6.6)

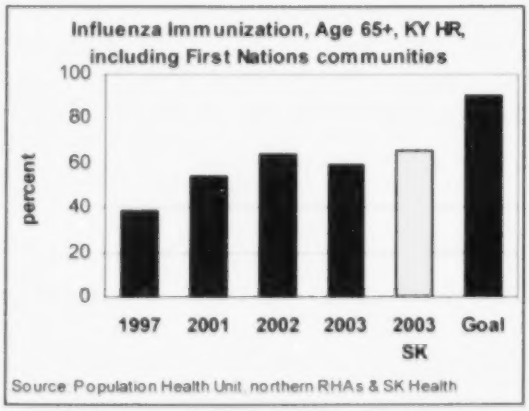
In 2003, the rate of Chlamydia in KYHR was 5.8 times the provincial rate in females and 5.3 times the provincial rate in males. From 2002 to 2003, there was a slight increase in chlamydia rates in KYHR and Sask males and in Sask females, but a 12 per cent decrease among KYHR females. The improvement may be due to efforts in the sexual wellness program, as well as in case and contact follow up. KYHR had the sixth largest absolute number of Chlamydia cases in the province in 2003.



As shown in the Northern Saskatchewan 2004 Health Indicators Report, the highest age-specific Chlamydia rates are among the 15 to 19 year age group in females and the 20 to 24 year age group in males. Chlamydia rates have been increasing across the province and country and showed over a 50% increase across northern Saskatchewan between 1998 and 2003. The increase may be due to more convenient testing, with more cases being lab confirmed, as well to actual increases in disease incidence. Across Canada, from 1997-2002, Chlamydia rates increased by 60% roughly equivalent to the increase in northern Saskatchewan.

Influenza immunization rate per 100 population (age 65 years and over) (2.2.6.7)

Influenza immunization coverage in the KY health region among the elderly population has improved gradually over the past several years, exceeding the Saskatchewan coverage of 62% in 2002. It fell again in 2003 and still falls behind the national goal of 90%.



A strategy to increase coverage and to prepare for a pandemic could include increasing the capacity for mass immunization campaigns by extending training to nurses outside of public health. This will be explored for the fall of 2005.

Acute & Emergency Services Indicators
The indicators chosen for Acute and Emergency Services (numbers of MRIs and CT scans) do not apply to KYHR.

Population Health Services

Primary Health Services

- Primary health care teams serve 100% of the population.
- Enhancement to the two central teams, one in Ile a la Crosse and one in La Loche continues as a works in progress. Recruitment efforts for a nurse practitioner in Ile a La Crosse continues into the new fiscal year.
- A regional team facilitator was hired
- The regional operational budget plan included an updated primary health care plan and a diabetes plan.

Emergency Response services
Compared to all other RHAs combined in 2003-04, the region had the lowest percentage of calls responded to whereby at least one of the emergency medical service providers had at least basic –EMT level training. This is due to the region's ambulance service being in its infancy stage. Further training of Primary Care Paramedics is scheduled for 2005-06.

Mental Health and Addictions Services
See page 27 of Program specific Expectations and Indicators

Program Support Service
The region had the highest administrative expenditures in program support as a percentage of overall base operating funds. This is due to the vast geography and travel distances associated with service delivery in the North.

Health Status and Outcome Indicators
See page 13 of environmental scan.

Acute Care Province Wide Services

- The indicators chosen for Acute and Emergency Services (numbers of MRIs and CT scans) do not apply to KYHR.
- Average length of stay of mental health inpatient clients compared to expected length of stay. The region does not have a psychiatrist inpatient facility.
- Calder Centre Child and Youth/Adults – 66.7% completion rate.

Institutional Supportive Care

- Prevalence of pressure sores: population of institutional supportive care residents with pressure sores; suppressed due to small numbers.

- Measures to track average wait time between referral and assessment; approval for placement and placement for institutional supportive care services is a priority for development/reporting for 2005 – 2006.

Home Based Acute and Palliative Care

- Measures to track percentage of palliative home care clients with unresolved pain and the percentage of palliative home care clients who choose to die at home and receive services in support of that option will be developed in the longer term (2006-2007 and beyond).

- Measures to track percentage of patients discharged from acute to home care with post acute discharge plans in place on discharge will be developed in the longer term (2006-2007 and beyond).

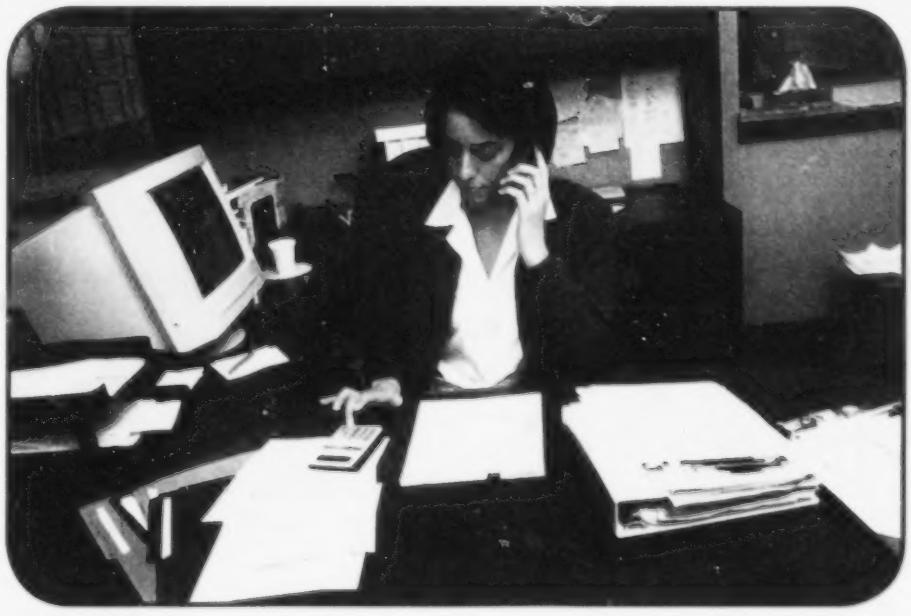
Medical / Physician Services – Specialist

- The region does not provide Tier 1 specialist on call coverage.

- Northern Medical Services is responsible for the implementation and maintenance of standardized workload measures and reporting systems.

Home Based Supportive Care

Procura business systems model was implemented this fiscal year. A base line measuring average wait time between assessment and commencement of supportive home care services will be established in 2005-2006.



CHALLENGES AND FUTURE DIRECTIONS

Major challenges in the coming years for the region will include:

- **Recruitment and retention** of staff continues as a major risk for the health region. Turnover of one single staff member has a direct impact on service volumes, increased staff work load resulting in decreased productivity, increased workplace injuries, increased stress which directly influences recruitment and retention. There is a small skilled local labor pool to draw from hence the need to recruit from outside of the region. This increases recruitment costs, staff turnover and the inability to initiate new program endeavors.

- **Utilization Growth** – Potential Years of Lost Life due to suicide, motor vehicle accidents and drowning are major growth pressures for the RHA in the area of health promotions and disease prevention.

- **Projected increases** over next 15 years in the <5; 20 to 30 and 44 to 70 year age groups with impact on early childhood influencing obstetrical services and services related to chronic diseases (need for home and rehab services, diabetes and heart disease management and education, emergency cardiac care, etc.)

- **The impact of premature mortality rates** i.e. Potential years of lost life, suicide, etc. Injury rates are three times the provincial average. The significant impact of injuries and violence call for increased action in the area of mental health and suicide prevention, education and emergency response capacity.

- **Communicable Disease** (Sexually Transmitted Diseases, Tuberculosis). Sexually transmitted diseases primarily in the adolescent population continues to remain static at 7 times the provincial rate. Innovative early childhood development and family planning strategies are necessary to ensure appropriate prevention programming. 40% of the population is under age 20. Tuberculosis continues to be a major health issue primarily in the community of La Loche. The RHA is only one of the many partners addressing the spread and control of this disease with respect to the determinants of health. The enhancement of partnerships is essential to combating this ailment. Until the social determinants of health are improved the health status will remain static.

- **Chronic Disease** – in 1996, the prevalence of diabetes in northern Saskatchewan was 60% higher than the provincial rate. Staff will be instrumental in the implementation of the north wide health promotion strategy.

- **Teen Pregnancy** – Teen pregnancies account for 25% of births in the north compared to 10% provincially. This is one of the more serious generational issues that our population must strive to overcome. As indicated in our strategic plan "babies are a form of security for young, single women and a method to obtain welfare and housing."

- **Sustainability** - Increased operating costs for facilities, housing and travel, staff turnover. A considerable amount of travel is required to deliver services. The current cost of providing adequate services grow exponentially for every kilometre traveled. The above create operational challenges for the organization.

- **Office Space/Program space** – resources for further program space/regional staff housing is an ongoing concern. As local housing markets cannot meet the need (s), it presents problems for effective recruitment and retention initiatives.

- **Capital Planning** - construction on the new joint-use facility planned for Ile a la Crosse is expected to begin in July 2005 and be completed in December 2006. Key planning and budgeting challenges in 2005/06 associated with the new facility will be the capacity of local fund-raising efforts to meet goals; the logistics of re-locating existing programs and equipment/furnishings; and, the additional demands of researching and obtaining new equipment and furnishings to coincide with facility completion.

- An additional challenge associated with the joint-use aspect of the facility in Ile a la Crosse will be to collaborate with our school partner in developing an effective capital agreement to guide the construction phase, and in negotiating an effective operating agreement in time for expected occupancy.

- Proceeding with the other aspects of "A Physical Facilities Strategy Proposal, 2001", (replacement of the health infrastructure in Beauval, Buffalo Narrows and Green Lake) continues to be very daunting. Both from the perspective of reasonable regional staff and budget resources to manage the planning, and from the perspective of obtaining support from Saskatchewan Health on these vital community projects. Future directions will include the re-energizing of local planning committees in these communities, and additional lobbying of the provincial government for capital support for these projects.

- **Overtime Costs** – nursing shortages and after-hours call back in Primary Care Clinics continues to drive overtime costs. Strategies to address nursing shortages will require ongoing recruitment and retention efforts. The reduction in call back volumes will require the cooperation and support of staff, communities and Saskatchewan Health.

Management Discussion and Analysis

- **New Co-Management Partnership agreement**

    - After a thorough internal and external evaluation involving Dr. David Butler-Jones, the new Co-Management Partnership Agreement was prepared, approved by the boards and signed in November 2004. Several recommendations came forward including the need for stronger linkages between the PHU and public health nursing staff and the identification of the PHU as a strategic unit. Both of these recommendations are currently being addressed.

- PHU functioning as a strategic business unit with specific budget and process guidelines principles being developed

Challenges and Future Directions

- New regulation standards and guidelines, increasing expectations and unexpected occurrences (i.e.: SARS, West Nile Virus, Tobacco Control) contribute to the changing landscape of service delivery and the ability to demonstrate due diligence. Challenges such as these dictate the need for continual assessment and the assigning of resources as best as possible.

- Human resource shortages continue to be an ongoing issue and impede the ability to fulfill the mandate of the Public Health Act and regulations in the environmental health area. Regulatory liability is of particular concern.

- The capacity of the MHO is significantly challenged when trying to keep abreast of the regular public health demands and additional challenges of uranium monitoring, environmental impact statements, communicable disease issues, northern specific research needs and the demand to meet and plan with three health authorities.

Keewatin Yatthé Regional Health Authority

Performance Management Summary

Indicator		KYRHA	Provincial Comparison	Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	n/a	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2003-04*	39	n/a	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-04*	84%	87%	25% - 90%
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) PROVIDER UNION SGEU *2004-05*	107.86	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-05*	120.03	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	47.84	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-05*	94.67	93.07	70.00 – 98.43
2.1.1.9.	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) PROVIDER UNION SGEU *2004-05*	61.97	26.65	11.30 – 61.97
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) HSAS *2004-05*	44.51	22.38	2.89 – 48.65
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	0.47	2.43	0.00 – 6.45
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) SUN *2004-05*	314.54	63.99	19.92 – 314.54

Indicator		KYRHA	Provincial Comparison	Range
2.1.1.10.	Health system full time equivalents (FTEs) PROVIDER UNION SGEU *2004-05*	128.76	n/a	n/a
	Health system full time equivalents (FTEs) HSAS *2004-05*	29.29	n/a	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	19.13	n/a	n/a
	Health system full time equivalents (FTEs) SUN *2004-05*	31.19	n/a	n/a
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2004-05*	4.32	6.52	4.32 – 9.67
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) *2004-05*	189.57	345.86	152.43 – 492.92
2.1.1.17.	Worked hours as a percentage of paid hours PROVIDER UNIONS (CUPE; SEIU; SGEU) *2004-05*	78.5%	79.8%	78.5% - 81.5%
	Worked hours as a percentage of paid hours HSAS *2004-05*	80.3%	82.0%	79.7% - 83.5%
	Worked hours as a percentage of paid hours OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	81.2%	81.1%	69.5 %- 83.7%
	Worked hours as a percentage of paid hours SUN *2004-05*	80.4%	79.1%	77.3% - 85.4%
2.1.1.18.a	Working capital ratio *2004-05*	1.69	n/a	.45 – 1.84
2.1.1.18.b	Number of days able to operate with working capital *2004-05*	4.76	n/a	(68.06) – 28.83
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure *2004-05*	(. 2%)	n/a	(1.5%) – 1.4%
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool *2004-05*	($356,522)	n/a	n/a
	Budget versus actual expenditures SUPPORTIVE CARE funding pool *2004-05*	$12,080	n/a	n/a

Indicator		KYRHA	Provincial *Comparison*	Range
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool *2004-05*	$64,167	n/a	n/a
	Budget versus actual expenditures PROGRAM SUPPORT funding pool *2004-05*	$99,669	n/a	n/a
Program-Specific Indicators				
Province Wide Services				
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2004-05*	n/a	n/a	n/a
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-05*	n/a	n/a	n/a
2.2.1.4.	Average wait time in days for admission to Saskatchewan Hospital North Battleford (SHNB) *2004*	n/a	59	41 – 76
2.2.1.6.	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Child and Youth *2003-04*	66.7 %	61.6%	44.4% - 91.7%
	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Adults *2003-04*	54.5 %	70.3%	50.0% - 95.5%
Acute Care Services				
2.2.2.3.a	Number of surgical cases *2004-05*	n/a	n/a	n/a
2.2.2.3.b	Percentage of surgical cases performed as day surgery *2004-05*	n/a	53%	48% - 66%
2.2.2.4.	Percentage of surgical cases completed within 6 months *2004-05*	n/a	81%	74% - 100%
	Percentage of surgical cases completed within 12 months *2004-05*	n/a	91%	85% - 100%
	Percentage of surgical cases completed within 18 months *2004-05*	n/a	95%	93% - 100%
Institutional Supportive Care Services				
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *October 2004*	Suppressed due to small numbers	21.8%	12.7% - 29.1%

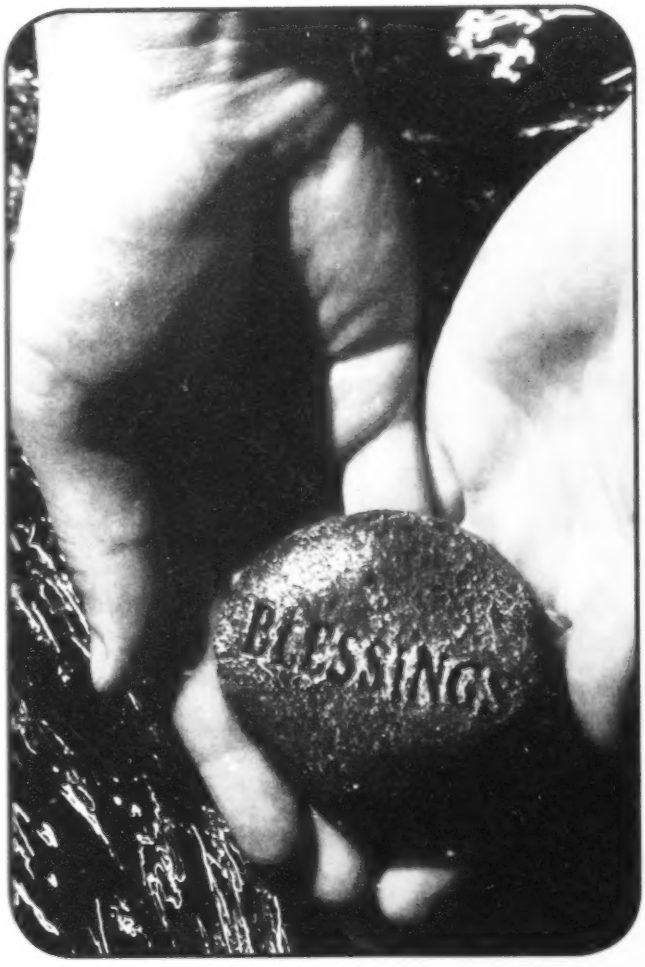
Indicator		KYRHA	Provincial Comparison	Range
Population Health Services				
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2003** * NOTE: SIMS does not capture on-reserve immunizations	77.7 %	73.3%	:57.3% - 86.3%
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2003** * NOTE: SIMS does not capture on-reserve immunizations	82.7 %	71.7%	57.3% - 85.6%
2.2.6.6.	Genital chlamydia rate per 100,000 population MALES *2003*	1,417.6	268.1	27.4 – 3,259.0
	Genital chlamydia rate per 100,000 population FEMALES *2003*	2,733.7	473.4	53.8 – 5,784.4
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) *2003-04*	59.2 %	65.8%	56.8 %– 72.8%
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) and progress report March 31, 2005 *[yes/no indicator]*	Yes	n/a	n/a
Community Care Services				
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions *2003-04*	64.4 %	58.4%	43.7 – 72.6%
Primary Health Services				
2.2.9.1.	Percentage of the population served by primary health care teams *March 2005*	100.0 %	23.89%	0.00% – 100.00%
2.2.9.3.	Total number of new primary health care teams in the current fiscal year *2004/2005*	2	n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2004-05 [yes/no indicator]*	Yes	n/a	n/a

Indicator		KYRHA	Provincial Comparison	Range
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.6.	Regional Operational / Budget Plan outlines potential financial requirements *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required *2004-05 [yes/no indicator]*	n/a	n/a	n/a
Emergency Response Services				
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training *2003-04*	70.17 %	98.76%	70.17% – 100.00%
Mental Health and Addiction Services				
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations *2003-04*	n/a	20.2%	17.9% - 26.3%
2.2.11.3.	Alcohol and drug inpatient treatment completion rate per 100 admissions *2003-04*	71.3 %	68.2%	62.3% - 79.4%
Program Support Services				
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds *2004-05*	11.5%	n/a	3.6% - 11.5%
Health Status and Outcome Indicators				
3.1.1.1.	Infant mortality rate per 1,000 live births *1998-2002*	8.80	6.24	1.70 - 15.66
3.1.1.2.a	Low birth weight rate per 100 live births *1998-2002*	4.80	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births *1998-2002*	22.0	15.7	13.1 – 26.7
3.1.1.4.a	Disability-free life expectancy (at birth) MALES *1996*	61.8 years	66.6	61.8 - 69.2
	Disability-free life expectancy (at birth) FEMALES *1996*	63.2 years	70.0	63.2 – 72.5

Indicator		KYRHA	Provincial Comparison	Range
3.1.1.4.b	Disability-free life expectancy (at age 65 years) MALES *1996*	8.7 years	11.2	8.7 – 12.1
	Disability-free life expectancy (at age 65 years) FEMALES *1996*	8.4 years	12.7	8.4 – 13.2
3.1.1.5.a	Life expectancy (at birth) MALES *2001*	72.1 years	76.2	72.1 – 78.2
	Life expectancy (at birth) FEMALES *2001*	76.1 years	81.8	76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) MALES *2001*	15.6 years	16.9	15.6 – 18.0
	Life expectancy (at age 65 years) FEMALES *2001*	17.2 years	20.9	17.2 – 21.8
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*	51.2 %	59.5%	43.9% - 58.6%
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers MALES *2003*	40.7 %	24.6%	20.8% – 40.7%
	Percentage of population (age 12 years and over) who are current, daily or occasional smokers FEMALES *2003*	42.0 %	23.1%	11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0 – 29.9)*2003*	33.3 %	35.8%	31.7% – 41.8%
3.1.1.8.b	Percentage of population (age 18 to 64 years) who are obese (BMI 30.0+) *2003*	25.3 %	20.5%	16.4% – 27.2%
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active *2003*	56.1 %	49.8%	41.7% – 56.1%
3.1.1.10.b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive *2003*	41.0 %	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population *2001-02*	59.4	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES *2002-03*	7.4	9.3	4.1 – 10.8

Indicator		KYRHA	Provincial Comparison	Range
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES *2002-03*	10.5	6.5	4.7 – 12.1
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES *2002-03*	3.6	13.4	-3.4 – 10.5
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES *2002-03*	16.1	25.1	0.3 – 31.8

NOTE: 3.1.1.4 to 3.1.1.10 are based on data for "Northern Health Regions",



Keewatin Yatthé Regional Health Authority

Annual Financial Statements and Supporting Schedules

Year Ending March 31, 2005

MANAGEMENT'S RESPONSIBILITY

To: The Board of Directors of The Keewatin Yatthé Regional Health Authority

Management has the responsibility for preparing the accompanying financial statements and ensuring that information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and making objective judgments and estimates in accordance with Canadian generally accepted accounting principles.

In discharging it responsibility for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and proper records are maintained.

The Board of Directors review the financial statements in detail with management and approve the financial statements for publication.

External auditors are appointed by the Board to audit the financial statements and report directly to them; their report follows. The external auditors have full access to, and meet periodically and separately with, both management and the Board of Directors to discuss their audit findings.

Carol Gillis
Chief Executive Officer

Zachery Solomon
Director of Finance

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To: The Keewatin Yatthé Regional Health Authority

We have audited the statement of financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2005 and the statements of operations and changes in fund balances, cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Keewatin Yatthé Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Chartered Accountants
Prince Albert, Saskatchewan
April 27, 2005

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2005

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2005	Total 2004 *(restated) (Note 8)*
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 1,846,526	$ 102,644	$ -	$ 1,949,170	$ 1,746,576
Accounts receivable					
Saskatchewan Health - General Revenue Fund	140,775	1,555,250	-	1,696,025	1,537,897
Other	456,666	14,582	-	471,248	517,558
Interfund receivables	189,632	-	-	189,632	735,703
Inventory	194,016	-	-	194,016	168,525
Prepaid expenses	52,250	-	-	52,250	23,923
	2,879,865	1,672,476	-	4,552,341	4,730,182
Capital assets (Note 3)	-	10,747,086	-	10,747,086	10,583,743
Total Assets	$ 2,879,865	$ 12,419,562	$ -	$ 15,299,427	$ 15,313,925
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 651,118	$ -	$ -	$ 651,118	$ 593,623
Accrued salaries	280,923	-	-	280,923	375,135
Vacation payable	588,167	-	-	588,167	467,609
Interfund payables	-	189,632	-	189,632	735,703
Current portion of capital lease obligation (Note 4)	-	28,862	-	28,862	27,289
Deferred Revenue (Note 5)	1,087,277	-	-	1,087,277	400,228
	2,607,485	218,494	-	2,825,979	2,599,587
Capital lease obligation (Note 4)	-	24,526	-	24,526	53,367
Total Liabilities	2,607,485	243,020	-	2,850,505	2,652,954
Fund Balances:					
Invested in capital assets	-	10,693,698	-	10,693,698	10,503,087
Internally restricted	-	1,482,844	-	1,482,844	1,851,132
Unrestricted	272,380	-	-	272,380	306,752
Fund balances – (Statement 2)	272,380	12,176,542	-	12,448,922	12,660,971
Total Liabilities & Fund Balances	$ 2,879,865	$ 12,419,562	$ -	$ 15,299,427	$ 15,313,925

APPROVED BY THE BOARD:

DIRECTOR

DIRECTOR

(See accompanying notes to the financial statements)

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2005

	Operating Fund			Restricted			
	Budget 2005 (Note 10)	2005	2004 (restated) (Note 8)	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004 (restated) (Note 8)
REVENUES							
Saskatchewan Health - General Revenue	$ 15,955,822	$ 15,980,379	$15,019,598	$ 404,250	$ -	$ 404,250	$1,500,000
Other Provincial Revenue	-	-	-	-	-	-	-
Federal Government Revenue	75,000	75,000	74,613	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	261,832	232,481	382,526	-	-	-	-
Patient Fees	557,310	662,862	678,019	-	-	-	-
Out of Province Revenue (Reciprocal)	30,750	46,510	40,667	-	-	-	-
Out of Country Revenue	-	-	-	-	-	-	-
Donations	-	-	-	-	-	-	-
Investment Revenue	15,000	13,508	25,667	164	-	164	2,468
Ancillary Revenue	-	-	-	-	-	-	-
Recoveries	154,860	181,839	140,780	-	-	-	-
Other Revenue	10,000	7,660	66,891	-	-	-	-
	17,060,574	17,200,268	16,428,761	404,414	-	404,414	1,502,468
EXPENSES							
Province Wide Acute Care Services	80,734	55,968	52,017	-	-	-	-
Acute Care Services	5,530,134	5,953,909	5,350,266	254,218	-	254,218	126,720
Physician Compensation - Acute	55,000	12,512	39,140	-	-	-	-
Supportive Care Services	455,328	443,248	349,925	70,276	-	70,276	17,056
Home Based Service - Supportive Care	-	-	-	-	-	-	-
Population Health Services	1,939,310	1,831,466	1,752,381	12,157	-	12,157	3,191
Community Care Services	1,531,391	1,369,624	1,355,671	-	-	-	-
Home Based Services - Acute & Palliative	1,119,753	897,834	778,274	2,499	-	2,499	3,224
Primary Health Care Services	1,831,284	1,853,168	1,266,933	30,637	-	30,637	11,483
Emergency Response Services - RHA	910,349	1,342,467	1,042,656	90,492	-	90,492	232,791
Mental Health Services - Inpatient	-	-	-	-	-	-	-
Addictions Services - Residential	489,958	480,079	404,962	1,332	-	1,332	148,237
Physician Compensation - Community Services	1,035,414	1,018,654	909,000	-	-	-	-
Program Support Services	2,075,380	1,975,711	3,171,550	120,479	-	120,479	108,213
Special Funded Programs	-	-	32,000	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total Expenses (Schedule 1)	17,054,035	17,234,640	16,504,775	582,090	-	582,090	650,915
Excess (Deficiency) of revenues over expenses	$ 6,539	(34,372)	(76,014)	(177,676)	-	(177,676)	851,553
Fund Balances, beginning of year		479,474	444,704	12,354,218	-	12,354,218	11,502,665
Restatement (Note 8)		(172,722)	(61,938)	-	-	-	-
Fund Balances, beginning of year as restated		306,752	382,766	12,354,218	-	12,354,218	11,502,665
Interfund transfers		-	-	-	-	-	-
Fund balances, end of year		$ 272,380	$ 306,752	$ 12,176,542	$ -	$ 12,176,542	$ 12,354,218

(See accompanying notes to the financial statements)

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the year ended March 31, 2005

	Operating Fund		Restricted Fund			
	2005	2004 (restated) (Note 8)	Capital Fund	Community Trust Fund	Total 2005	Total 2004 (restated) (Note 8)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ (34,372)	$ (76,014)	$ (177,676)	$ -	$ (177,676)	$ 851,553
Net change in non-cash working capital (Note 6)	1,311,801	(629,463)	(706,548)	-	(706,548)	(1,187,829)
Amortization of capital assets	-	-	582,090	-	582,090	650,915
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	1,277,429	(705,477)	(302,134)	-	(302,134)	314,639
Purchase of capital assets						
Buildings/construction	-	-	(588,255)	-	(588,255)	(520,598)
Equipment	-	-	(157,178)	-	(157,178)	(169,159)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase of long-term investment	-	-	-	-	-	-
	-	-	(745,433)	-	(745,433)	(689,757)
Repayment of debt	-	-	(27,268)	-	(27,268)	(22,414)
Net increase (decrease) in cash & short term investments during the year	1,277,429	(705,477)	(1,074,835)	-	(1,074,835)	(397,532)
Cash & short term investments, beginning of year	569,097	1,274,574	1,177,479	-	1,177,479	1,575,011
Interfund transfers	-	-	-	-	-	-
Cash & short term investments, end of year	$ 1,846,526	$ 569,097	$ 102,644	$ -	$ 102,644	$ 1,177,479
Amounts in cash balances						
Cash & short term investments	$ 1,846,526	$ 569,097	$ 102,644	$ -	$ 102,644	$ 1,177,479

(See accompanying notes to the financial statements)

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2005

1. **Legislative Authority**

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights and obligations of the District Health Boards continue as the assets, liabilities, rights and obligations of the Regional Health Authority. All contracts with the former District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Keewatin Yatthé Regional Health Authority was created by the Act. The Keewatin Yatthé Regional Health Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Keewatin Yatthé Health Region.

2. **Significant Accounting Policies**

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

a) Health Care Organizations

i) The following affiliate is incorporated as follows:
St Joseph's Hospital Corporation

The Regional Health Authority provides annual grant funding to this organization for the delivery of health care services. Consequently, the Regional Health Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Regional Health Authority financial statements. Alternatively, Note 7a(i) provides supplementary information on the financial position, results of operations and cash flows of the affiliate.

b) Fund Accounting

The accounts of the Keewatin Yatthé Regional Health Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health-General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 ½% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, dietary and other. All inventories are valued at cost as determined on the first in, first out basis.

f) Investments

Investments are valued at the lower of cost or net realizable value.

g) Pension

Employees of the Keewatin Yatthé Regional Health Authority participate in several multi-employer defined benefit pension plans, or a defined contribution plan. The Keewatin Yatthé Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Keewatin Yatthé Regional Health Authority expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3. **Capital Assets**

	2005			2004
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 19,670	$ -	$ 19,670	$ 19,670
Leasehold Improvements	8,117	8,117	-	-
Buildings	10,067,235	1,183,936	8,883,299	9,018,221
Equipment	2,186,794	1,564,281	622,513	671,877
Vehicles	370,916	328,360	42,556	172,021
Construction in Progress	1,179,048	-	1,179,048	701,954
	$ 13,831,780	$ 3,084,694	$ 10,747,086	$ 10,583,743

4. **Commitments**

a) Capital Asset Acquisitions

At March 31, 2005 commitments for acquisition of capital assets were $284,555 (2004 - $0). The Regional Health Authority has signed an agreement with the Department of Education to build a joint use facility in the Northern community of Ile a la Crosse. The Regional Health Authority's share of the expected project costs are $13,115,000, with the Department of Health committing to grant $11,675,000 to the Regional Health Authority. The Department of Health has signed an agreement to provide $2,500,000 of the committed amount by March 31, 2006, contingent on the Regional Health Authority beginning construction of the facility prior to March 31, 2006. The Regional Health Authority must comply with various reporting and performance restrictions regarding the Department of Health grant.

b) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next four years are as follows:

2006	$ 521,336
2007	$ 485,995
2008	$ 474,216
2009	$ 474,217

c) Equipment has been taken on lease on terms, which transfer substantially all of the benefits and risks of ownership to the Regional Health Authority and are accounted for as a "capital lease", as though an asset had been purchased and a liability incurred.

	2005			2004
	Cost	Accumulated Amortization	**Net Carrying Amount**	Net Carrying Amount
Vehicle under capital lease	$ 123,157	$92,368	**$30,789**	$61,579

The vehicle is amortized on a straight-line basis over its economic life beginning in the year of acquisition.

Minimum annual payments under capital lease on vehicle over the full lease term is as follows:

	2006	$ 29,515
	2007	29,278
Total minimum lease payments		58,793
Less: amount representing interest		(5,405)
Total capital lease obligation		53,388
Less: current portion		(28,862)
Capital lease obligation		$ 24,526

5. Deferred Revenue

	Balance, beginning of year	Less amount recognized from Health	Add amount received from Health	Less amount recognized from other	Add amount recognized from other	Balance, end of year
La Loche Diabetes Program	$ 80,000	$ 80,000	$ -	$ -	$ -	$ -
Diabetes Plan	11,873	8,447	-	-	-	3,426
Paramedic Program	80,000	-	-	-	-	80,000
Primary Care Professional Development	87,675	-	-	-	-	87,675
Team Development	12,335	-	28,895	-	-	41,230
Health Promotion	78,600	5,840	-	-	-	72,760
Executive Leadership Program	-	-	22,000	-	44,000	66,000
Hips	-	1,947	15,000	-	-	13,053
Home Care Surgical	-	-	27,400	-	-	27,400
Quality Health Workplace	-	-	3,000	-	-	3,000
Primary Care ILX	-	-	52,870	-	-	52,870
EMT Training	-	-	105,438	-	-	105,438
Healthline	-	-	3,507	-	-	3,507
Prenatal prgm NWFC	-	-	4,000	-	-	4,000
Walking for Wellness	-	-	-	-	1,463	1,463
Retention & Recruitment	-	-	500	-	-	500
ABI	-	-	500,000	-	-	500,000
Diabetes Educator	-	-	-	-	11,399	11,399
Diabetes Educator	-	36,189	49,745	-	-	13,556
	49,745	49,745	-	-	-	-
	$ 400,228	$ 182,168	$ 811,855	$ -	$ 57,362	$ 1,087,277

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2005	2004	Capital Fund	Community Trust Fund	Total 2005	Total 2004
(Increase) Decrease in accounts receivable	$ 48,659	$ (393,445)	$ (160,477)	$ -	$ (160,477)	$ (1,408,401)
(Increase) Decrease in due from operating fund	-	-	-	-	-	-
(Increase) Decrease in due from capital fund	546,071	(220,573)	-	-	-	-
(Increase) Decrease in inventory	(25,491)	(29,942)	-	-	-	-
(Increase) Decrease in prepaid expenses	(28,326)	(11,808)	-	-	-	-
Increase (Decrease) in accounts payable	57,494	13,557	-	-	-	-
Increase (Decrease) in accrued salaries	(94,212)	(24,244)	-	-	-	-
Increase (Decrease) in vacation payable	120,558	45,598	-	-	-	-
Increase (Decrease) in deferred revenue	687,048	(8,606)	-	-	-	-
(Increase) Decrease in due from operating fund	-	-	-	-	-	220,573
(Increase) Decrease in due from capital fund	-	-	(546,071)	-	(546,071)	-
	$ 1,311,801	$ (629,463)	$ (706,548)	$ -	$ (706,548)	$ (1,187,828)

7. Related Parties

These financial statements include transactions with related parties. The Keewatin Yatthé Regional Health Authority is related to all Saskatchewan Crown agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the table below and the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

	2005	2004
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 13,469	$ 73,891
Saskatchewan Property Management Corporation	$ 14,542	$ 48,863
Saskatchewan Workers' Compensation Board	$ -	$ -
Saskatchewan Health Employee Pension Plan	$ 9,430	$ 17,590
Saskatchewan Telecommunications	$ 14,089	$ 14,039
Saskatchewan Power Corporation	$ 1,021	$ 1,219
La Loche Non-profit Housing Corporation	$ -	$ -
Public Employees Pension Plan	$ -	$ 6,032
Saskatchewan Housing Corporation	$ 2,419	$ -
St. Joseph's Hospital Corporation	$ 6,804	$ 2,120

	2005	2004
Expenses		
Saskatchewan Association of Health Organizations	$343,841	$765,655
Saskatchewan Property Management Corporation	$575,104	$592,090
Saskatchewan Workers' Compensation Board	$157,401	$177,238
Saskatchewan Health Employee Pension Plan	$719,188	$ 17,590
Saskatchewan Telecommunications	$154,252	$147,146
Saskatchewan Power Corporation	$ 92,783	$ 89,490
La Loche Non-profit Housing Corporation	$ 75,680	$ 64,206
Public Employees Pension Plan	$ 75,498	$ 41,855
Saskatchewan Housing Corporation	$136,011	$ 98,372
St. Joseph's Hospital Corporation	$111,683	$124,652

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

i) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to the affiliate.

The Regional Health Authority has an affiliation agreement with St. Joseph's Hospital Corporation, a privately owned health corporation to provide services.

This corporation receives operating funding from the Regional Health Authority on a monthly basis with budget amounts approved annually.

	2005	2004
St. Joseph's Hospital Corporation	$ 2,658,088	$ 2,658,939

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity as at March 31, 2005 and 2004 and for the years then ended:

	2005	2004
Balance Sheet		
Assets	$ 542,811	$ 917,346
Net Capital Assets	260,271	269,849
Total Assets	$ 803,082	$ 1,187,195
Total Liabilities	$ 570,812	$ 805,005
Total Net Assets	232,270	382,190
	$ 803,082	$ 1,187,195

Results of Operations

RHA Grant		$	2,658,808	$	2,647,373
Other Revenue			1,795,096		1,471,852
	Total Revenue		4,453,904		4,119,225
Salaries & Benefits			2,685,578		2,592,098
Other Expenses*			1,918,247		1,547,960
	Total Expenses		4,603,825		4,140,058
Excess Revenue over Expenses		$	(149,921)	$	(20,833)

* Other Expenses includes amortization of $37,349 (2004 – $40,744)

Cash Flows

Cash from Operations		$	(282,748)	$	(57,660)
Cash used in financing activities			(150,368)		-
Cash used in Investing activities*			(27,771)		(10,680)
Increase (decrease) in cash		$	(460,887)	$	(68,340)

*Cash used in Investing Activities includes capital purchases of $27,771 (2004 - $10,680)

8. Comparative Information

During the year, the Regional Health Authority determined that in the prior year, the final grant payment to its affiliate had not been accrued for $110,784. The 2004 comparative figures have been restated and Excess (Deficiency) of Revenue over Expenses decreased by $110,784.

During the year, the Regional Health Authority determined that in prior years, a receivable from Saskatchewan Health was incorrectly recorded. The receivable was overstated by $61,938. The 2004 comparative figures have been restated with no effect on Excess (Deficiency) of Revenue over Expenses.

Certain comparative balances have been reclassified to conform to the current year's presentation.

9. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. **Saskatchewan Healthcare Employees' Pension Plan** (SHEPP)- This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. **Public Service Superannuation Plan** (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. **Public Employees' Pension Plan** (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $413,739 (2004 - $306,749) and is included in benefits in Schedule 1.

Effective January 1, 2004, contribution rates are as follows:

6.522% (2004 - 6.522%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP)
plus
8.232% (2004 - 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

10. Budget

The Regional Health Authority Board approved the 2004-2005 operating budget plans on May 27, 2004. The Regional Health Authority Board approved the 2004-2005 capital budget on May 27, 2004.

11. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

13. Volunteer Services

The operations of the Keewatin Yatthé Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

14. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not yet reached any final decisions regarding the reconsiderations.

As the final results of the reconsideration process are currently unknown, the cost of the reconsiderations cannot be reasonably determined.

15. Subsequent Events

On April 1, 2005 the Regional Health Authority amalgamated with its affiliate, St. Joseph's Hospital Corporation.

SCHEDULE 1

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENDITURES BY OBJECT
For the Year Ended March 31, 2005

	Budget 2005 *(Note 10)*	2005	2004 *(restated) (Note 8)*
Operating			
Benefits	$ 1,711,222	$ 1,381,319	$ 1,190,639
Board Costs	190,700	147,365	189,308
Diagnostic Imaging Supplies	4,850	11,040	9,597
Drugs & Gases	96,350	79,006	54,904
Food	86,760	154,626	148,654
Grants to Ambulance Services			-
Grants to third parties	2,790,808	2,790,808	2,790,939
Housekeeping and Laundry supplies	39,301	44,103	34,040
Information Technology Contracts	8,652	14,877	3,258
Insurance	73,484	73,435	71,767
Interest Expense	3,994	3,019	5,394
Laboratory Supplies	26,515	49,172	51,193
Medical and Surgical Supplies	148,175	178,912	112,035
Medical remuneration and benefits	1,338,538	1,267,627	1,111,164
Office supplies and other office costs	359,903	280,598	620,187
Other	490,935	346,936	276,136
Other Referred-out Services	13,000	31,257	43,522
Professional fees	86,643	103,825	243,111
Prosthetics	-		-
Purchased services	66,700	107,204	114,051
Rent/lease costs	441,736	707,730	650,801
Repairs and maintenance	108,270	104,559	92,319
Salaries	8,494,959	8,637,758	7,946,006
Service Contracts	25,000	40,659	6,526
Travel	285,560	437,002	522,241
Utilities	161,980	241,803	216,983
	$ 17,054,035	$ 17,234,640	$ 16,504,775
Restricted			
Amortization		$ 582,090	$ 650,915
Loss on disposal of fixed assets		-	-
Other		-	-
		$ 582,090	$ 650,915

Schedule 2

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2005

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments				
Cash and Short-term				
Chequing & Savings:				
North West Credit Union	**$ 102,644**			
Unrestricted Investments				
Cash and Short-Term				
Chequing & Savings				
Petty Cash	200			
North West Credit Union	1,646,326			
Term Deposits:				
North West Credit Union	200,000	04/05/05	1.00%	
	$ 1,846,526			
Total Investments	**$ 1,949,170**			

Restricted Investments consist of capital funds.

SCHEDULE 3

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2005

	Balance, Beginning of Year	Investment Income	Other Revenue	Transfer to Investment in Capital Asset Fund Balance	Balance, End of Year
Keewatin Yatthe Regional Health Authority	$ 1,851,132	$ 164	$ 404,250	$ (772,702)	$ 1,482,844

SCHEDULE 4

KEEWATIN YATTHE HEALTH REGION
CONSOLIDATED SCHEDULE OF

BOARD REMUNERATION & SENIOR MANAGEMENT, BENEFITS, AND ALLOWANCES
For the year ended March 31, 2005

	2005				2004		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Rose Daigneault	$ 14,738	$ 5,988	$ 16,906	$ 37,632	$ 13,855	$ 22,863	$ 36,718
Board Member							
David Seright	4,575	2,848	4,102	11,525	6,825	15,649	22,474
Louis Morin	7,025	3,678	4,351	15,054	9,300	11,741	21,041
John Jansier	5,975	2,767	7,516	16,258	6,800	15,724	22,524
Ross Macleod	4,650	2,906	3,309	10,865	6,275	10,133	16,408
Tina Rasmussen	4,325	2,372	5,815	12,512	5,225	9,318	14,543
Yvette Morin	4,050	1,556	2,529	8,135	5,575	8,111	13,686
Dorah Montgrande	5,100	2,362	6,667	14,129	7,485	14,673	22,158
Gloria Apesis	5,200	2,846	8,452	16,498	5,665	14,006	19,671
Lester Herman	3,800	277	4,972	9,049	3,375	5,509	8,884
Annette Montgrand	4,850	2,465	6,235	13,550	1,200	1,501	2,701
Stella Laliberte	4,000	2,069	5,161	11,230	-	-	-
Total	$ 68,288	$ 32,134	$ 76,015	$ 176,437	$ 71,580	$ 129,228	$ 200,808

(1) Benefits includes employer CPP and all travel time

	2005							2004			
					Severance						
Staff	Number of FTE's	Salaries[1]	Benefits and Allowances[2]	Sub-total	Number of FTE's	Amount	Total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
Chief Executive Officer	1	$ 96,038	$ 12,262	$ 108,300	-	$ -	$ 108,300	1	$ 106,329	$ -	$ 106,329
Senior Positions:											
Director of Corporate Services	1	70,642	12,886	83,528	-	-	83,528	1	78,497	-	78,497
Director of HR	1	78,502	9,787	88,289	-	-	88,289	1	84,537	-	84,537
Director of Community Based Services	1	69,273	9,304	78,577	-	-	78,577	1	71,282	-	71,282
Director of Finance	1	73,867	9,259	83,126	-	-	83,126	1	71,938	-	71,938
Director of Primary Health Services	1	75,595	10,364	85,958	-	-	85,958	1	94,493	-	94,493
Quality of Care Coordinator	1	56,498	8,471	64,970	-	-	64,970	-	59,425	-	59,425
	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
Total	7	$ 520,414	$ 72,334	$ 592,748	-	$ -	$ 592,748	6	$ 566,501	$ -	$ 566,501

(1) Salaries include regular base pay, overtime, lump-sum payments, honoraria, and any other direct cash remuneration including sick leave and vacation.

(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances.

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

CLARKE, IRIS	$	51,508.88
RATT, REBECCA	$	51,896.27
CANNING, ELLIS	$	52,205.19
UMPHERVILLE, WANDA	$	52,306.45
PAUL, VIRGIL	$	53,566.27
BODNARUS, CARLA	$	53,694.63
CLARKE, DAWN	$	54,165.23
MURRAY, TAMARA	$	54,200.75
DAIGNEAULT, ROBERT	$	55,212.29
REDIRON, SANDY	$	55,217.52
PERREAULT, ARMANDE	$	55,236.58
LEMAIGRE, VIOLET	$	55,292.20
HANSEN, CINDY	$	56,069.22
HURD, SHELLY	$	56,072.13
PICHE, BEATRICE	$	56,188.49
LEACH, KIRSTEN	$	56,231.34
DUROCHER, PETER	$	56,423.99
ROY, LOUIS	$	56,944.11
HERMAN, DEAN	$	57,408.53
ELLIOTT, HILDA	$	57,434.49
DESJARLAIS, DENISE	$	57,449.12
DUBRULE, ROBERT	$	57,613.95
MCGAUGHEY, CALVIN	$	57,662.47
ALCROW, DOROTHY	$	57,933.58
ST. PIERRE, PRISCILLA	$	58,352.57
HERMAN, SIMONE	$	58,472.97
KISSICK, MARGARET	$	59,920.12
JANVIER, CAROL	$	60,184.26
MUENCH, LYLA	$	61,201.32
SAVOURY, HELEN	$	62,193.41
BIRD, BETTYANNE	$	62,643.04
DILLER, RON	$	62,728.36
STARKS, FAYE	$	62,915.21
CUMMINGS, RICK	$	63,422.73
CLARKE, SANDRA	$	64,516.15
SHEWCHUK, JANET	$	65,248.31
LEMAIGRE, ANTOINETT	$	65,738.10
FORDE, MAUDLIN	$	66,311.62
SCOFIELD-SINGH, CATHERINE	$	67,740.89
CORRIGAL, ANNA	$	69,404.31

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

AODBT	$	235,448
ARCHITECTS COLLABORATIVE (THE)	$	96,113
FEDERATED CO-OPERATIVES LTD.	$	121,157
THE GREAT WEST LIFE ASSURANCE CO	$	52,639
HUMAN RESOURCES SERVICES LTD.	$	71,568
LA LOCHE NON-PROFIT HOUSING CORP	$	75,680
M.D. AMBULANCE CARE LTD.	$	60,685
MAMAWETAN CHURCHILL RIVER REGION	$	101,022
MID-CITY AGGREGATES	$	131,418
MEADOW LAKE TRIBAL COUNCIL	$	90,050
NIGHTINGALE GROUP NURSING	$	83,160
NORTH WEST AGENCIES	$	67,436
PUBLIC EMPLOYEES PENSION PLAN	$	75,498
RECEIVER GENERAL FOR CANADA	$	3,349,338
RECEIVER GENERAL FOR CANADA	$	109,282
SAHO- CORE DENTAL PLAN	$	124,311
SAHO-DISABILITY INCOME PLAN	$	78,727
SAHO-I/S EN DENTAL EX HEALTH PLA	$	84,698
SCHAAN HEALTHCARE PRODUCTS	$	87,976
SYSCO SERCA FOOD SERVICES INC.	$	90,875
SASK HEALTHCARE EMPLOYEES PENSIO	$	719,188
SASK. HOUSING CORPORATION	$	136,011
SASK. POWER	$	92,783
SASKTEL	$	154,252
SASK. PROPERTY MANAGEMENT CORP.	$	271,757
SASK. PROPERTY MANAGEMENT CORP.	$	263,580
ST. JOSEPH'S HOSPITAL PHARMACY	$	111,683
SASKATCHEWAN WORKER'S COMP BOARD	$	157,401
WARDELL, DRIEDGER, COTTON & RODG	$	112,950

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

MALBEUF, ELAINE	$	69,967.23
COTE, DANIEL	$	72,767.96
PETIT, RICHARD	$	74,396.84
SOLOMON, ZACHERY	$	74,396.84
TINKER, PHYLLIS	$	75,429.04
TREACY, KAROLYN	$	75,496.81
BULLOCK, LLOYD	$	79,196.96
MIDGETT, LORI	$	79,659.69
BRUNELLE, ELIZABETH	$	80,361.09
KELLER, GRACE	$	84,171.56
COSTELLO, MARGARET	$	84,355.80
NORMANDEAU, EMMA	$	87,174.42
COTE, KATHLEEN	$	87,605.59
WALLACE, ROBIN	$	90,713.78
GILLIS, CAROL	$	96,745.63
SOLOSKI, ADOLPH	$	97,837.11
MCMILLEN, JANICE	$	99,315.03
WELSH, BONNIE	$	103,755.76
DESHARNAIS, SIMONNE	$	108,085.68
FESALBON, ROSAL	$	117,611.36
DE LOS REYES, SONIA	$	130,782.44
AGUINALDO, ROSALINA	$	133,911.32

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

St. Joseph's Hospital Ile a la Crosse	$	2,658,808
La Loche Physician Group		666,371
Dr. Vaugh Nichols		99,188
Dr. Mohsen Mukhil		126,405

NOTES

Annual Report

2004 - 2005

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